

# Luke Sullivan's All-American Throwing Clinic

Saturday March 14, 2015 at Madison Memorial High School Field House  
Madison, WI

Registration (please Print)

Athletes Name: \_\_\_\_\_

Male Female (circle one)

High School Attending: \_\_\_\_\_

Track Coaches Name: \_\_\_\_\_

Year in School: (Circle one) 9 10 11 12

What events do you do? (Circle one) Discus & Shot Put Discus only Shot only

Years of Throwing Experience: (Circle One) 0 1 2 3 4 5 or more

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

(A confirmation email will be sent so please write legibly)

T- Shirt Size: (Circle One) S M L XL XXL

Session wishing to attend: We'll accommodate you the best we can...

(Circle one)

Saturday March 14<sup>th</sup>, 8:30am-12:30pm

Saturday March 14<sup>th</sup>, 1:00pm-5:00pm

Session enrollment will be limited for a 1-5 coach-athlete ratio. First come, first served...

Cost: \$50.00 per athlete

\$80.00 /athlete plus Instructional DVD(Save \$10 off cover price)

\$30.00 per coach

Coach accompanying athlete-- No Fee

Online registration is also available at [www.lukesullivandiscsuthrower.com](http://www.lukesullivandiscsuthrower.com)

**In past years the checks and registrations have been sent directly to me. I live in Phoenix, AZ and will be flying in to lead the clinic. Therefore, please send the checks and forms to the following address:**

**Make Checks payable to Luke Sullivan**

**Send Check, Registration, and Liability Form To:**

**Bill Sullivan  
C/O Luke Sullivan  
205 Paoli St.  
Verona, WI 53593**

**Please make checks payable to Luke Sullivan—Return waiver with registration and check.**

**DEADLINE: Must receive forms by Thursday, March 12<sup>th</sup>, 2015  
No refunds will be given after March 10<sup>th</sup>, 2015**

**Bring throwing shoes. Implements will be provided. Arrive 15 minutes prior to session start time to warm up and check-in.**

**“ Long Throws” instructional DVD available. Cost \$40. **\*\*Special\*\*** \$30 if you pre-order with registration form.**

**Questions Please contact Luke Sullivan at:  
480-329-7541 or  
luke@lukesullivandiscusthrower.com**

# WAIVER AND RELEASE OF LIABILITY

**Luke Sullivan's All-American Throwing Clinic**

**March 14, 2015 at James Madison Memorial High School**

I do hereby release and forever discharge Luke Sullivan, the Madison Metropolitan School District, and its employees and representatives from any and all claims, demands, actions, causes of action, judgments, expenses, injuries to person(s) or property sustained or incurred in connection with, or as a result of my participation in the Luke Sullivan 's All-American Throwing Clinic. I agree to hold Luke Sullivan and the Madison Metropolitan School District, wholly harmless for any and all liability, loss, expense, or damage it may incur by virtue of allowing me to participate in the Luke Sullivan's All-American Throwing Clinic, to use its facilities, or to participate in its activities or programs.

I have read, understand, and agree to the above waiver and release.  
I understand that I give up substantial rights by signing it and I sign up voluntarily.

Participants Name (print)\_\_\_\_\_

Participants Signature\_\_\_\_\_

Date\_\_\_\_\_

Parent/Guardian (print)\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_

Date\_\_\_\_\_

**Return Waiver with Registration Sheet and Check**