

Luke Sullivan's AZ Performance Throws Clinic

Saturday January 21, 2017
Saturday January 28, 2017
at North Canyon High School, Phoenix, AZ
11am-2pm
(Meet at discus cage on outside of track)

Registration (please Print)

Athletes Name: _____

Male Female (circle one)

High School Attending: _____

Track Coaches Name: _____

Year in School: (Circle one) 7 8 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)

Clinic wishing to attend
(Circle one or both)

Saturday January 21, 2017 11am-2pm

Saturday January 28, 2017 11am-2pm

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

Cost: \$60.00 per athlete
\$40.00 per coach
\$100 per athlete if signing up for both clinics
\$70 per coach if signing up for both clinics

Coach accompanying athlete-- No Fee

Online registration is **NOT available for this clinic**

Make Checks payable to **Luke Sullivan**

Send Check, Registration, and Liability Form To:

**Luke Sullivan
4368 E Renee Dr
Phoenix, AZ 85050**

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

DEADLINE:

Clinic 1

Must receive forms by Thursday, January 19th, 2017

No refunds will be given after January 19th, 2017

Clinic 2

Must receive forms by Thursday, January 26th, 2017

No refunds will be given after January 26th, 2017

Bring throwing shoes. Some implements will be provided but please bring your own if possible. Arrive 15 minutes prior to session start time to warm up and check-in.

“ Long Throws” instructional DVD available. Cost \$40.

Questions Please contact Luke Sullivan at:

480-329-7541 or

luke@lukesullivandiscusthrower.com

WAIVER AND RELEASE OF LIABILITY

Luke Sullivan's AZ Performance Throws Clinic

January 21, 2017 at North Canyon High School

January 28, 2017 at North Canyon High School

North Canyon High School

1700 E Union Hills Dr

Phoenix, AZ 85024

I do hereby release and forever discharge Luke Sullivan, the Paradise Valley 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 AZ Performance Throws Clinic. I agree to hold Luke Sullivan and the Paradise Valley 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 AZ Performance Throws 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