# 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 19<sup>th</sup>, 2017 No refunds will be given after January 19<sup>th</sup>, 2017

#### Clinic 2

Must receive forms by Thursday, January 26<sup>th</sup>, 2017 No refunds will be given after January 26<sup>th</sup>, 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.

articipants Name (print)
articipants Signature
Date
arent/Guardian (print)
arent/Guardian Signature
Pate

**Return Waiver with Registration Sheet and Check**