

Luke Sullivan's All-American Throwing Clinic

Saturday March 9, 2019 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) 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)

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 9th, 8:30am-12:00pm

Saturday March 9th, 12:30pm-4:00pm

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

Cost: \$60.00 per athlete

\$90.00 /athlete plus Instructional DVD(Save \$10 off cover price)

\$40.00 per coach

******Early bird registration - \$10 off if received by February 1, 2019****(\$50 per athlete)**

Coach accompanying athlete-- No Fee

Online registration is also available at www.lukesullivandiscusthrower.com

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 7th, 2019
No refunds will be given after March 5th, 2019

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

“ Long Throws” instructional video download 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 9, 2019 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