

Luke Sullivan's AZ Performance Throws Clinic

Sunday November 15, 2015 at North Canyon High School, Phoenix, AZ
8am-11am

(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) 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)

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

Cost: \$50.00 per athlete

\$30.00 per coach

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: Must receive forms by Friday, November 13th, 2015
No refunds will be given after November 13th, 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.
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

November 15th, 2015 at North Canyon High School

I do hereby release and forever discharge Luke Sullivan, Shawn Wright, 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, Shawn Wright, 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