

2019 SOUTHWEST VIRGINIA THROWS CLINIC

--INFORMATION AND REGISTRATION--

EARLY REGISTRATION DUE JUNE 10th. REGISTER EARLY FOR A \$10 DISCOUNT!

CLINIC DATE: Saturday, June 22, 2019

CLINIC LOCATION: Staunton River High School, 1095 Golden Eagle Dr, Moneta, VA

CLINIC TIME: Registration opens at 8:30 am. Clinic begins at 9:00 am. Sessions will end by 3:00 pm and there will be an optional "mock meet" at 3 pm for anyone who wants additional throwing time or measured throws.

COST: \$40 per person for EARLY REGISTRATION (due by 6/10) or \$60 per person after. Coaches are \$20 per person or free with five (5) paid athletes.

OTHER INFORMATION:

- Each athlete will get FOUR (4) skill sessions under the instruction of area college coaches, some open throwing time, and optional informational sessions during the lunch break.
- Athletes can opt to participate in shot put only, discus only or both. Double event athletes will have two sessions on each event.
- Coaches are invited to register and then can attend any sessions to film/take notes, etc.
- There will be optional clinics during the lunch break on NCAA recruiting and USATF rules.
- Pizza lunch is provided for all registered participants (coaches and athletes).
- We will provide Gatorade with lunch and have water coolers available throughout the day, but we recommend that participants bring a water bottle to fill up.
- Additional concessions will be available for purchase by participants, and by any spectators who stay for the duration of the clinic.
- T-shirts are provided for all registered participants (coaches and athletes). If you do not register in advance, then we cannot guarantee your preferred t-shirt size.
- Parents are welcome to stay for the clinic, as we will have a designated area for spectators, but you will likely want to bring a chair of your own. If they want to attend the sessions and video, etc., then they need to register as a coach.
- We will have plenty of implements for athletes to use. If you bring your own shot or discus, then you are responsible for it and you need to label it adequately.
- Register as either a Group A or Group B athlete, so that our coaching staff can gear their instruction to the correct level. This is NOT an indication of grade level, but of throwing experience. Suggested guidelines are below, for shot and discus:

Girls A: <28 ft and <75 ft	Girls B: >28 ft and >75 ft
Boys A: <38 ft and <95 ft	Boys B: >38 ft and >95 ft
- To register by mail - fill out the attached form and return with payment to Virginia Amateur Sports – Attn: Charity Waldron - 711 C 5th Street NE, Roanoke, VA 24016 or Register online at CommonwealthGames.org/SWVAThrow.

2019 SWVA THROWS CLINIC REGISTRATION

NAME _____ M or F

HIGH SCHOOL _____

HOME ADDRESS _____

PHONE # _____ EMAIL _____

ATHLETE ____ or COACH ____

Athletes only:

GRADUATION YEAR _____ "LEVEL" for CLINIC: A B

SHOT ONLY DISCUS ONLY BOTH

Shot: Glide or Spin

EMERGENCY CONTACT NAME AND NUMBER:

PREFERRED T-SHIRT SIZE: S M L XL XXL

REGISTRATION FEE:

Athletes:

\$40 CHECK INCLUDED Check # _____

\$60 DAY OF CLINIC

Coaches:

\$20 CHECK INCLUDED Check # _____

FREE with 5 paid athletes

List athletes here: _____

CHECKS PAYABLE TO: SRHS Track Boosters. Put "SWVA Throws Clinic" in memo line.

MAIL REGISTRATION AND CHECKS TO: Virginia Amateur Sports – Attn: Charity Waldron - 711 C 5th Street NE,
Roanoke, VA 24016

Please remember to sign Waiver on the following page

“SWVA Throws Clinic”
**ASSUMPTION OF RISK ACKNOWLEDGMENT AND
PARTICIPATION AGREEMENT**

I desire to participate in and/or attend the SWVA Throws Clinic, hosted by the Virginia Amateur Sports, Inc., Staunton River High School Track & Field Booster Club, Staunton River High School and Bedford County Public Schools. In order to participate in or attend SWVA Throws Clinic, I agree to the terms below and assume all risks associated with my participating in or attending SWVA Throws Clinic, including those specifically identified below.

ASSUMPTION OF RISKS. I ACKNOWLEDGE THAT THE SWVA Throws Clinic AND RELATED ACTIVITIES HAVE INHERENT RISKS THAT MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, AND EVEN DEATH. Such activities include without limitation archery, badminton, baseball/softball, basketball, baton, bowling, disc golf, horseback riding, field hockey, figure skating, weightlifting, gymnastics, ice hockey, martial arts, lacrosse, mountain biking, paintball, racquet sports, rugby, shooting trap/clays, skateboarding, skiing/snowboarding, soccer, swimming, track & field events, volleyball, weight-lifting, and wrestling. Specific risks related to these activities include, but are not limited to: negligence or carelessness of other participants and third parties, unwanted/accidental contact with other participants and their playing equipment, equipment failure, fast-moving playing equipment (including things like sticks, balls, flying discs, javelins, batons, bullets), contact with the playing surface and surrounding elements, environmental conditions (including weather), being shot or burned, slipping, tripping, falling (including falling out of bunk beds), unpredictable animal behavior, lacerations from skates, drowning, and my individual susceptibility to harm or injury (whether known or unknown to me). The results of these and other inherent risks may include, but are not limited to, eye injury, serious neck and spinal injuries, complete or partial paralysis and/or brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of my musculoskeletal system, concussions, sprains, and other serious injury or impairment to other aspects of my body, and my general health and well-being.

WAIVER; RELEASE. TO THE EXTENT PERMITTED BY LAW, I HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVE, RELEASE AND FOREVER DISCHARGE VIRGINIA AMATEUR SPORTS, INC. FROM AND AGAINST ANY AND ALL LIABILITY ASSOCIATED WITH DAMAGES, OTHER THAN PERSONAL INJURY, SUFFERED BY ME WHILE PARTICIPATING IN OR ATTENDING THE SWVA Throws Clinic.

Governing Law; Forum Selection; Severability: This document will be governed by Virginia law. Any legal action or claim arising out of or relating to it or my participation in the event must be brought in a state court sitting in Roanoke, VA. If any provision herein is found to be invalid or unenforceable, the other provisions will remain in full force and effect.

Medical Fitness and Treatment Authorization: I agree that I am in sufficiently good health to participate in the Games and that I am free from any medical condition, physical or mental, that could interfere with my ability to participate or that could be worsened by participating or that could endanger my health or safety or the health or safety of other participants. In the event of an injury, illness, and/or accident involving me, I hereby consent to first aid treatment from Virginia Amateur Sports staff and to any medical treatment that medical professionals believe are in my best interest. I further grant Virginia Amateur Sports and/or its representative authority to transport me to a healthcare provider and to request medical and/or hospital treatment for my benefit in the event of any injury or illness sustained by me while participating in the Games. I assert that either I have valid and current insurance coverage for any injury or damage I may cause or suffer while participating in the Games, or I agree to personally bear the costs of such injury or damage, including any co-pays from secondary insurance, if available.

Consent to Use Image and Sound: I hereby grant Virginia Amateur Sports permission to record, use, reproduce, edit, display, copyright, and publish photos, audio recordings, and/or video of me while I am participating in the Shamrock Hill Run for the purpose of promoting the SWVA Throws Clinic and Virginia Amateur Sports.

PARTICIPANT CONSENT (required of all participants, regardless of age)

BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS DOCUMENT, I AGREE TO ALL OF THE TERMS ABOVE, AND HEREBY ASSUME ALL RISKS ASSOCIATED WITH THE ACTIVITIES AT THE SWVA Throws Clinic.

Signature of Participant: _____ Date: _____

Name of Participant: _____ Age: _____ Date of Birth: _____

PARENT/GUARDIAN CONSENT (required if the participant is less than 18 years of age)

As the parent and/or legal guardian to the minor participant identified above, I agree I have carefully read and understand this document, I agree to all of the terms above and adopt all representations, consents, and acknowledgements made by my child above, both personally and on behalf of my child, and hereby assume the risk that the minor participant may be injured while participating in activities at the SWVA Throws Clinic.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Parent/Legal Guardian (Print): _____