Mid West Throws Camp Information

When: **Saturday June 25, 2016– Shot Put Camp**

Sunday June 26, 2016– Discus Camp

Time: **Saturday: Registration: 10:30- 11:30 am - CENTRAL STANDARD TIME!!!!!**
Camp: 11:30 am – 5:00 pm

Sunday: Registration: 8:30- 9:00 am - CENTRAL STANDARD TIME!!!!!
Camp: 9:00 am – 2:30 pm

Where: **Merrillville High School Track Complex, Merrillville, Indiana**

Contact: **Mark Harsha at (219) 771-2398 or mark.harsha@portage.k12.in.us**

Cost: **$160 per athlete for both days or $80 per athlete for each day of camp or $60 per Coach.**

Food: **Snack and drink will be provided**

Includes: **Camp Notes , Camp DVD of drills , Camp T-shirt & Instruction(lecture & throwing)**

What to Bring: athletic clothing & shoes, water, sunscreen and signed release form

There will be throws educational materials and implements for sale at the camp at a discounted rate.

There is no need to bring implements, they will be provided.

Mid West Throws Camp

Treatment Authorization for Minors

I authorize the Clinic Staff designee or a qualified and licensed medical doctor to administer immediate or emergency medical treatment to: _____.

Student's Name

If any unforeseen condition shall arise calling on the judgment of the physician or the designee, I shall request and authorize the physician/nurse or medical designee to do what is advisable provided an immediate effort is made to contact me.

1. Specific medical allergies, chronic illness, or other conditions.
   _____
   _____
2. Injuries and/or operations during the past year?
   _____
3. Has student's physical activity been restricted during the past year?
   _____
4. Does student take any medication? **yes / no** (circle one)
   If yes, list medications and if student will need take them during In Zone hours?
   _____
   _____
5. Does Student have any adverse reactions to any drugs? **yes / no** (circle one)
   If yes, list reactions to drugs and its side effects
   _____

Parent/Guardian _____

Home Address _____
Street City/State Zip Code

Home Phone Number (___)_____ Work Phone Number (___)_____
Emergency Contact's Name_____ Contact's Phone Number (___)_____

Physician's Name _____ Physician's Phone Number (___)_____

Signature: _____ Date: _____
Parent/Guardian

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in having your child registered and participating in this program, you will be waiving and releasing all claims for injuries your child might sustain arising out of this program. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my child participating in the program against National Throws Coaches Association, Portage High School, and Clinic Staff. I do hereby release and discharge National Throws Coaches Association, Portage High School, and Clinic Staff from any and all claims from injuries, damage or loss which my child may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend National Throws Coaches Association, Portage High School, and Clinic Staff from any and all claims resulting from injuries, damages and losses sustained by my child and arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize Clinic Staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child's immediate care, and I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details and Waiver and Release of all Claims.

Signature_____ Date _____
Parent/Guardian