BATES THROWERS

***Katie Hughes**— State of Maine Shot Put Champion (ME)*

***Zach Campbell**—Hammer (NY)*

***Adedire Fakorede**— Shot Put, Discus, Hammer throw, 2 Time Weight Throw - **All American** (NJ)*

***Dan Marino**—Shot Put, Discus & Hammer Throw (MA)*

***Tom Endean**— Javelin (VA)*

***Tyler Harrington**—Javelin NEPSTA New England Champ (MA)*

***Elyse Rubchinuk**—Javelin (NH)*

***Lindsey Beauregard**—Javelin & Shot Put (NH)*

***Hilton Chao**—Javelin (Taiwan)*

***Blake Downey**—Javelin (ME)*

The Bates College Men's and Women's throwing squad is pleased to offer a one day throws clinic on **Monday, April 17th** for female and male middle and high school track and field throwers. **Rain or Shine.**

- The clinic is free of charge.
- No skill level is required.

The clinic will feature:

- Helpful warms-ups
- Drills/throwing
- Technical guidance
- Advice from experienced and accomplished college athletes

* Space is reserved for **50** student athletes.
* Please bring throwing implements and equipment.

Schedule

Session 1:

10:00 - Check-in at the Russell Street Track
10:15 - Introductions
10:30 - Warm up with Bates Throwers
11 am– 12:20 pm - **discus/javelin**
12:20 - 12:45 - Lunch Break
* Hammer Demonstration - Bates Thrower

Session 2:

12:45 - 2:00pm - **shot put/javelin**
2:00pm - Stretch / Ice
* Question/Answer with Bates Throwers
* A long term Perspective on Throwing
2:45 - Pick Up

2017 Bates College Throwers Clinic

Monday April 17th

10:00am—3:00 pm

Challenging and supporting excellence!

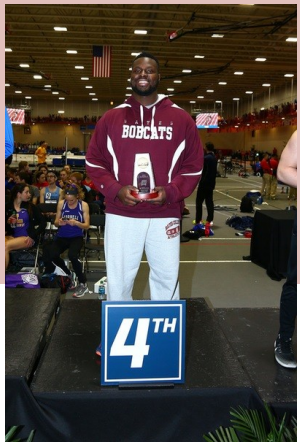
BATES™
TRACK & FIELD

Tel: 207-786-6360

Bates Throwers in Action

NCAA Throwing All American

Adedire Fakorede



I/We, the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper. I hereby give permission for the staff of the clinic, during the period of the clinic, to seek appropriate medical attention for the camper, the medical attention to be given, and for the camper to receive medical attention in the even of accident, injury, or illness. I will be responsible for any and all of the costs of medical attention and treatment and have medical insurance to cover these costs. I/We, the undersigned, for ourselves and as guardian(s) of

_____(camper) understand that throwing is an active,

physical sport, and that injuries can take place during play. I/We also

understand there will be a number of children attending clinic, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision at all moments.

I/We understand that, as with any sport, injuries can occur, and we

hereby acknowledge that our child is physically fit and mentally capable of participating in throwing activities. I/We, represent that I/We have sought the opinion of our child's physician _____ (camper's physician), and he/she concurs that _____(camper) is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he is able to engage in such sport. I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge Bates College Throwers Clinic its staff, officers, agents, employees representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in clinic activities, whether or not damages, injury, or loss is due to negligence.

Parent/Guardian Signature:

_____ Date_____

RSVP

E-mail: khughes2@bates.edu

To confirm your attendance.

Each athlete must bring signed parental consent and release form to clinic registration. Athletes will not be able to participate without a properly signed release form.