

THROWING AND GROWING 9TH ANNUAL WINTER THROWS CAMP AND COMPETITION

(Females Only - Youth - Open - Masters)

January 4 - 5, 2019 8:00am – 5:00pm
Throwing and Growing Fitness and Educational Center
5403 Wren Ave. St. Louis, MO 63120

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Birth date: _____ Age _____ Grade _____

Parent _____ Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____

USATF Membership # _____ (if you have one)

Distance Thrown – Shot put _____

T- Shirt Size: S M L XL XXL

Package #1 _____ \$125

Package #2 _____ \$75

Package #3 _____ \$50

Package #4 _____ \$20

Single Sessions- \$15

1. _____ 2. _____ 3. _____ 4. _____

45 minute Private Throws sessions \$65 _____

30 Minute Conditioning - \$35 _____

45 Minute Group session - \$45 _____ (maximum three (3) athletes)

Indemnification by Parents or Guardian of Applicant

The undersigned parents of _____ for and in further consideration of the Throwing and Growing Winter Throws Camp accepting said applicant, does hereby release and discharge the Throwing and Growing Foundation and Youth and Family Center from any and all debts, claims, demands, actions, damages, causes of action, judgments, or suits of any kind which may arise or be occasioned as a result of the applicant's participation in the Throwing and Growing Winter Throws Camp, agree to have and indemnify and keep harmless the Throwing and Growing Foundation and Youth and Family Center against any and all liability, claims, judgments, or demands for damages arising as a result of any course instruction given the applicant by the Throwing and Growing Winter Throws Camp. I/we being the parents or guardians of the applicant claim that the applicant has had a physical examination in the past year and was found to be fit for all physical endeavors. In the event of an accident (or serious illness) representatives of the Foundation have permission to seek emergency treatment. Every effort will be made to contact parents or the emergency contact prior to treatment. All athletes, parents, guardians, coaches agree to good sportsmanship, avoid offensive language, and all forms of violent or inappropriate behavior, and to treat all athletes, coaches and others with respect. The undersigned gives permission that the athlete's name, image, photograph, and no athlete's marks/records may be posted on Throwing and Growing Foundation's websites or other media releases.

The undersigned have read, understand and agree to comply with all the rules, policies, and safety provisions established by the Throwing and growing Foundation. **The indemnity form must be filled out and signed by a parent or guardian to complete registration. Incomplete forms will be returned.**

Parent Signature

Date

Mail to: Throwing and Growing Foundation
P.O.Box 26014, Jennings, MO 63135