

GV VIKINGS

SHOT PUT AND DISCUS CLINIC

Where Grand View University
Charles S. Johnson Wellness Center
Des Moines, Iowa

When Sunday, January 8, 2012
Sunday, January 15, 2012
Saturday, March 10, 2012
Sunday, March 11, 2012
Registration: 11:30 a.m. - Noon • Clinic: Noon - 4:00 p.m.

Format We will be featuring a NEW FORMAT with NEW CONTENT!

Fees Registration received by January 1, 2012 \$35
After January 1, 2012 or at the door: \$40

Group Rate: Groups of 5 or more, call or Email for discount.

Free to coaching staff with at least one athlete attending.
Coaching staff without athletes: \$20 each.

Fee includes cost of camp and camp T-shirt.

Register Online at www.vikingthrowclinics.com or by mail or e-mail.

What to expect

- We will be featuring a NEW FORMAT and NEW CONTENT!
- NEW TOPICS COVERED
- Using the momentum of the implement
- How to use your non-throwing side
- Coaching and training with 5 tempos of throws
- More full movement & throws
- More dynamic drills
- Same hands on and individual attention that has produced 8 state champions

What to bring

- Indoor shot put and discus for use in clinic drills. Check with your high school about borrowing one.
- Wear athletic clothes and shoes. Bring throwing shoes if you have them.



Two-time All-American Lauryn Camp returns for her senior season in 2012!

CLINIC INSTRUCTORS

Lead Instructor:
Seth A. Roberson, CSCS
Throws Coach

Grand View Track & Field throws coach Seth Roberson takes great pride in developing throwers into conference champions and All-Americans, as well as guiding them towards success outside the throws venue. Over the last four years Grand View throwers have qualified for the NAIA National Championships 28 times. Roberson is a USA Track & Field Level 1 Certified Coach, Certified Strength and Conditioning Specialist (CSCS), and a member of the National Throws Coaches Association. He was a competitor in multiple throws events in college while earning Academic All-American honors twice. Roberson also oversees strength and conditioning for all athletes at Grand View.



Instructor: Jerry Monner
Head Track & Field and Cross Country Coach

Jerry Monner has led Grand View to twelve men's and women's conference championships since 2007. He has coached many All-Conference and school record-holding throwers, and earned Conference Coach of the Year awards. Monner is a member of USA Track & Field and the National Throws Coaches Association.



Instructors: Members of the Grand View Throws Crew

During the past six seasons Grand View throwers have accomplished the following:

- Awarded Four NAIA All-American Honors plus 35 All-Conference.
- Placed at conference championships 137 times.
- Set 12 school records.
- Won 23 individual event MCC titles.
- Qualified for NAIA National Championships 28 times.
- Garnered six Strength and Conditioning All-American Honors.
- Earned eight NAIA Scholar Athlete Awards.
- Broke eight MCC Championship event records.
- 2x Qualified for the Drake Relays.
- 3x Voted MCC Field Athlete of the Year.



REGISTRATION FORM

An online registration form is also available at www.vikingthrowsclinics.com

Name _____

Age _____ Grade _____ Gender _____

Home address _____

City _____ State _____ Zip _____

High school _____

(_____) _____

Phone _____

E-mail _____

Best Throws Performances _____

T-shirt size (check one)

S M L XL XXL XXXL

Session (check one)

Sun, Jan 8 Sun, Jan 15 Sat, March 10 Sun, March 11

Fees: On or before January 1, 2012: \$35

After January 1, 2012 or at the door: \$40

Coaches without athletes: \$20

Register online at www.vikingthrowsclinics.com

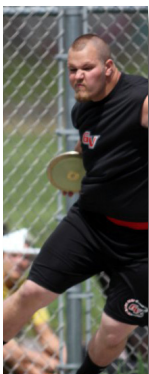
OR

Send form and check (payable to Grand View Track & Field) to:

Grand View University, Attn: Seth Roberson, 1200 Grandview Avenue
Des Moines, Iowa 50316-1599

OR

RSVP to sroberson@grandview.edu (Bring payment and waiver to clinic)



Coaches: Feel free to make photo copies of this brochure for your athletes or print copies online from www.grandview.edu > Athletics.

Attention: Required to fill out, sign and return.

Waiver & Release:

I am aware of the dangers involved in participation in the physical activities of the Grand View Viking Throws Clinic and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Grand View Sport Camps involve competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Grand View Viking Throws Clinic, Grand View University, their officers, agents, employees, and volunteers — including without limitation, equipment personnel, and physicians and other practitioners of the healing arts — from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Camper Signature

Date

Parent/Guardian Signature

Date

Health Statement/Medical Authorization

I do hereby state that the camper is in good health and suffers from no illness, disability or health condition that could unduly hinder or prevent camper's safe participation in the Grand View Sport Camps. Furthermore, I have no knowledge of any reason that the camper cannot participate in vigorous activity. I hereby authorize and give my consent as camper's legal guardian to Grand View University or any licensed physician or athletic trainer to perform or administer, without prior consent, any reasonable, necessary medical treatment to: _____ (camper's name) I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with the camper's attendance at the Grand View Sport Camps.

Signature of Parent(s) or Legal Guardian

Date

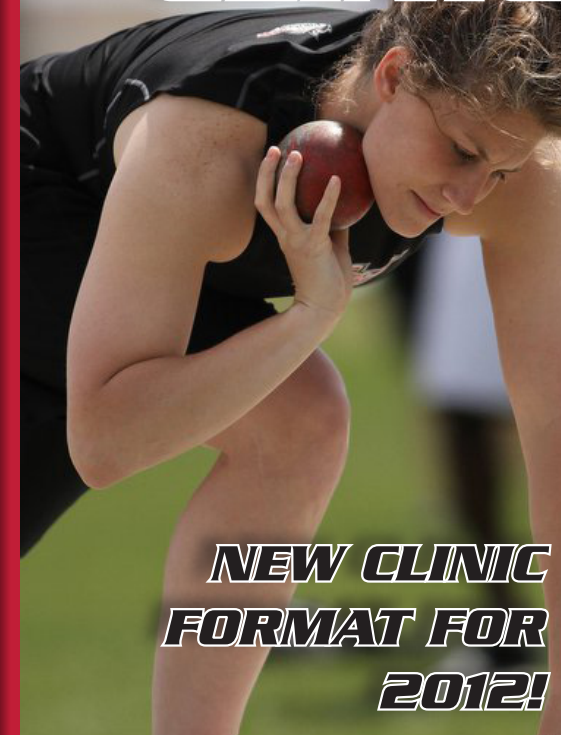
Health Insurance Company

Policy Number

1200 Grandview Avenue
Des Moines, Iowa 50316-1599
515-263-2800 • 800-444-6083 • www.grandview.edu

GRAND VIEW UNIVERSITY

TRACK & FIELD THROWS CLINIC



NEW CLINIC FORMAT FOR 2012!

JAN 8, JAN 15, MAR 10, MAR 11

