



"Learning to throw better to throw farther"

INFORMATION

Who: Grades 7-12; HS coaches encouraged to attend at no charge

Where: Century High School, Bismarck ND

When: June 21-23, 2023

Time: June 21: 9:30-4:30 (Shot, Disc., Jav., Hammer)
 June 22: 8:30-4:30 (Shot, Disc., Jav., Hammer)
 June 23: 8:30-12:00 (Shot, Disc., Jav., Hammer)

Cost: \$175

Registration Deadline: Sunday, June 11, 2023

What to bring: Tennis shoes and throwing shoes, water bottle, notebook and pen, appropriate clothing for the weather, bug spray, and sunscreen. Please bring your own implements if possible (2-4 discs, 1 shot, 1 javelin). If you do not have your own, some may be provided. We have minimal supplies, so please bring them if you are able.

Check In: Located inside the shed NW of the school.

Facilities: Century High School has 12 shot put pads, 12 discus pads, one hammer ring, and two fields for javelin. In case of inclement weather, we will go inside at Horizon Middle School in Bismarck.

CLINIC SCHEDULE

Wednesday, June 21

9:30-10:00 Check In
10:00-10:30 Introductions, Safety, Warm up
10:30-11:30 Shot/Disc/Hammer/Jav Sessions
11:30-12:30 Switch Implements
12:30-2:00 Lunch
2:00-3:30 Shot/Disc/Hammer/Jav Sessions
3:30-5:00: Switch Implements

Thursday, June 22

8:30-9:00: Warmup, safety, and pictures
9:00-10:30: Shot/Disc/Hammer/Jav (Grp. A)
10:30-12:00: Switch Implements (Jav Grp. B)
12:00-1:30: Lunch on your own
1:30-1:45: Warmup
1:45-3:15 Shot/Disc/Hammer/Jav (Grp. A)
3:15-4:45: Switch Implements (Jav Grp. B)

Friday, June 23

8:30-9:00: Warmup
9:00-10:30: Shot/Disc/Hammer/Jav (Grp. A)
10:30-12:00: Switch Implements (Jav Grp. B)

MISC. INFORMATION

-Lunch will not be provided. The sessions are timed so that they work around lunch.

-If you are traveling from out of town, you are responsible for your own housing arrangements. The Quality Inn is offering a special rate for anyone attending this camp. When reserving a room, tell them you're attending the 701 Throws Camp. Quality Inn 701-223-1911; 1030 E Interstate Ave, Bismarck, ND 58503

-Coaches: Justin Miller, Brandon Schaffer, & Larry Walker (Century HS), Disa Salander Julius (Minot HS), Jayd Eggert (Minot HS), Ross and Sarah Walker (Buffalo HS, Wyoming), Zach Lurz (Doane University, NE), Cullen Mack (Parker HS, SD), Ken McClain (Coeur d'Alene ID), Adam Mark (NDSU), Nick Klatt (Killdeer), Jeff Miller (Oakes), Chris Aschemann (Quincy University, IL), Abby Ruland (Stanley), Jon Evenson (Northern State, SD), Nate Safe (Kindred), Adam Lufkin (CSU Pueblo, CO), Jeff Pflaumbaum (NDSU), Kaden Pastian (NDSU); Josh Brosten (Legacy HS); Riley Riehl (Legacy HS); Tyler Dean (University of Jamestown); Andrew Dubiel (BSC); Andrew TerWee (West Lyon, IA), TJ Crater (Ironwood Throws Center), Riley Dolezal (Horace)

Registration Form

VENMO: @Justin-Miller-859
Cash/Checks Payable to: Justin Miller
Mail to: 3121 Hampton St. Bismarck, ND 58504

Camper Name: _____

Grade in Fall 2023: _____

School: _____

Home Address: _____

City/State/Zip: _____

Parent Phone
Number: _____

Email: _____

Shot Put PR: _____

Discus PR: _____

Javelin PR: _____

T-Shirt Size: Small Medium Large XL XXL XXXL
(Circle One)

Registrations due June 11, 2023

If you have any questions call Justin at 701-527-4818 or Larry Walker at 701-590-9379

Late registrations will not be guaranteed a T-shirt, but can participate!

Waiver/Disclaimer

In order for an athlete to participate in this camp, a parent or legal guardian must complete and sign this release and medical authorization.

Release and Liability

In consideration of the 701 Throws Camp granting the athlete permission to participate in the Throws Camp, I hereby assume all risks of his/her personal injury that may result from any Throws Camp activity. As parent/guardian, I do hereby release 701 Throws Camp, all staff and volunteer, Bismarck Century High School, Bismarck Public Schools, and all agents, all instructors and all participants in said Throws Camp program from liability, including claims and suits at law or inequity, for injury which may result from the student taking part in 701 Throws Camp activities.

Parent or Legal Guardian

Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Medical Authorization

I request and authorize the proper personnel of this camp to refer to an appropriate medical facility, for treatment of illness, injury, or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

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 my son/daughter's attendance in this camp.

Insurance Provider: _____

Policy/Group ID# _____

Current/Past Injuries of which we need to be aware, _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

I have read and understand fully the Assumption of Risk and Waiver of Liability Relating to the 701 Throws Camp in the statement above.

Print Name of Parent/Guardian Name of 701 Throws Camp Participant(s)

Signature of Parent/Guardian Date