RSVP:
Mail signed disclaimer and circled sections to

Bates Thrower Clinic
c/o Vantiel Elizabeth Duncan
188 Bates College
Lewiston, Maine 04240
If questions please email:
batesthrowers@gmail.com

BATES THROWERS’ YOUTH CLINIC

IT’S TIME TO THROW HARD AND HAVE FUN HAVE!!

Name:__________________
School:__________________
Events:__________________
Age/Grade:__________________

Please circle the below sections student wants to participate:

A or B

and

C or D

FEATURING THE THROWERS OF THE BATES WOMEN AND MEN’S TRACK AND FIELD TEAMS.
April 20th & 22nd
This two day clinic for middle and high school youth throwers. The clinic is on April 20th and 22nd. This is a clinic at no charge. This clinic is for both males and females at all skill levels.

The two day clinic will feature helpful warms-ups, drills, and guidance to assist a full competition throw. Students should choose two sections either (A or B) and (C or D) to complete on both clinic days.

Space is reserved for 50 students. Please bring your own throwing equipment.

The Bates Throwers welcome all community youths to the Peter Goodrich Throwing Circle and the Bates College Russell Street Track.

Schedule:
- Section A: 1:00pm–3pm: shot put/javelin
- Section B: 1:00pm–3pm: discus/javelin
- Section C: 3:00pm–5pm: discus/shot put
- Section D: 3:00pm–5pm: shot put/javelin

Instructors include:
- Vantiel Elizabeth Duncan: 5x All American (shot, weight, and hammer)
- Richard McNeil: 2x All American (hammer), New England Champion (shot put)
- Christopher Murtagh: All New England (javelin), 2x NESCAC Champion (javelin)
- Ethan Waldman: All New England (shot put)
- Mark Liu: State Champion (weight throw), All ECAC (weight)
- Laura Smith: All ECAC (weight)
- Sara Ellen Godek: All NESCAC (hammer)
- Juliana Kirkland: NESCAC qualifier (hammer)

Parental Consent Form

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 event of accident or injury. 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 the camper(s) understand that throwing is an active, physical sport, and that injuries can take place during play. I/We also 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, and he/she concurs that the 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 ________________