



MADISON THROWS CLUB 2011 PRE-SEASON PRACTICE

SHOT PUT (GLIDE and ROTATIONAL) & DISCUS TECHNIQUE INSTRUCTION
COACHES: JOE FRONTIER (Madison Memorial) and BRIAN STORMS (Monona Grove)
@ MADISON MEMORIAL H.S. FIELDHOUSE - 201 S. Gammon Rd. Madison, WI 53717

Session1. Saturday, Dec 11, 2010 2-4pm Session3. Saturday, Feb 5, 2010 2-4pm
Session2. Saturday, Jan 8, 2010 2-4pm Session4. Saturday, Feb 12, 2010 2-4pm

PRICING: MTC MEMBERS \$75 for all 4 SESSIONS / \$20 for individual sessions
 NON MEMBERS \$90 for all 4 SESSIONS/ \$25 for individual sessions

RESERVE YOUR SPOT NOW: by emailing Coach Frontier - josephfrontier@hotmail.com

Sign-up for all 4 or 1 or more individual sessions. Waiver forms and payment
can be mailed after you receive confirmation email back from me.

WAIVER AND RELEASE OF LIABILITY

I do hereby release and forever discharge, Joseph Frontier and all other coaches of Madison Throws Club, the Madison Metropolitan School District, and the Madison Memorial Athletic Booster Club and its employees and representatives from any and all claims, demands, actions, causes of action, judgments, expenses, injuries to person(s) or property sustained or incurred in connection with, or as a result of my participation in the Madison Throws Club. I agree to hold Joseph Frontier, the Madison Metropolitan School District, and the Madison Memorial Athletic Booster Club wholly harmless for any and all liability, loss, expense, or damage it may incur by virtue of allowing me to participate in the Madison Throws Club, to use its facilities, or to participate in its activities or programs.

I have read, understand, and agree to the above waiver and release.
I understand that I give up substantial rights by signing it and I sign up voluntarily.

Participants Name (print) _____ **Grade** _____ **School** _____

Participants Signature _____ **Date** _____

Participants EMAIL (print carefully) _____

Years Throwing 1 2 3 4 5+ **SHOT PUT best distance** _____ **DISCUS best distance** _____

CIRCLE sessions you plan to attend: Session 1 Session 2 Session 3 Session 4

Parent/Guardian (print) _____

Parent/Guardian Signature _____ **Date** _____

Parent EMAIL(print carefully) _____

EMERGENCY CELL _____

**ALL PARTICIPANTS MUST RSVP to RESERVE YOUR SPOT by Dec. 10:
simply email Coach : josephfrontier@hotmail.com**

ONCE YOU HAVE R.S.V.P'd by email you can bring your Waiver and Payment to your first session.