

**NEW HAMPSHIRE
TRACK & FIELD CLINIC
WAIVER FORM**

Participant's Name _____

Address _____

The above mentioned child has my permission to participate in the UNH Track & Field Clinic. I/we understand what the aforementioned activity involves and believe that the aforementioned person is in proper physical condition to participate. I/we assume all of the risks and responsibilities arising from participation, and do for myself, my heirs and personal representatives hereby hold harmless, indemnify, release and forever discharge the Division of Athletics, the University of New Hampshire, and their officers, agents, and employees from and against any and all claims, demands, and actions or causes of action, on account of property damage, physical injury, or death which may occur during the period of participation. In the event of emergency requiring medical attention beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by the Department of Athletics to provide medical attention to the aforementioned person, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of parental insurance coverage. I have read and fully understand this release statement.

Signature of parent/guardian _____

Date _____

Please list any Medical Condition that the clinic should be made aware of and ANY medication the athlete is **ALLERGIC TO:**

CLINIC STAFF

Jim Boulanger

- Head Coach, Director of UNH Men's and Women's Track and Field/ Cross-Country Program
- Multiple America East Coach of the Year Awards
- USATF Level II Certified

Casey Carroll

- Head Coach, UNH Women's Track and Field
- USATF Level II Certified
- Multiple America East Coaching Staff of the Year Awards
- New England Coach of the Year

George Liset

- Assistant Coach, UNH Women's Track and Field
- Former Head Coach, UNH Women's Track and Field
- USATF Level I Certified

Other college and high school coaches will be on hand to assist.

**TRAIN ON THE BRAND
NEW, RENOVATED
PAUL SWEET OVAL!**

UNIVERSITY OF NEW HAMPSHIRE TRACK & FIELD CLINICS

WINTER CLINIC
DEC. 1,2,4, 2008
SPRING CLINIC
MAR. 23,24,26, 2009

SITE:
ON THE RESURFACED
PAUL SWEET OVAL!
University of New Hampshire



CONTACTS:
Coach Jim Boulanger
(603) 862-3888 or
Coach Casey Carroll
(603) 862-3815

**GAIN A COMPETITIVE
EDGE IN YOUR FAVORITE
EVENT!**

CLINIC INFO

WHO?

Open to male and female athletes of all sports in grades 7 through 12.

PURPOSE?

If you are looking to improve in your favorite track and field events, this clinic is for you. All athletes will learn the fundamentals of technique and training. This will be a “**learn by doing**” clinic. All athletes should come prepared to participate. Bring shorts and shoes (and track spikes if you have them). We will provide all other implements. You are also welcome to bring your own implements if you have them. All sprinters, jumpers, hurdlers and throwers will learn from one of the most successful collegiate track and field programs in New England. In addition, you will have an opportunity to be the first group of athletes to train on the brand new, renovated Paul Sweet Oval here at UNH.

WHEN?

CLINIC DATES:

SPRINTS, JUMPS, HURDLES, THROWS

WINTER CLINIC

DEC. 1,2,4, 2008

SPRING CLINIC

MAR. 23,24,26, 2009

CLINIC TIMES:

6:00-8:00 pm (ALL 3 DAYS)

REGISTRATION: 5:30-6:00pm

on Day 1 of clinic

A CERTIFIED ATHLETIC TRAINER
WILL BE AVAILABLE AT ALL
SESSIONS

COST:

\$125.00 if pre-registered 7 days before camp.

\$150.00 (6 days or less & SAME DAY as camp)

T-Shirts provided to Pre-Registered Campers

IF PAYING BY CHECK
MAKE CHECKS PAYABLE TO:
FRIENDS OF UNH TRACK & FIELD

MAIL APPLICATION TO:
University of New Hampshire
Attn: Casey Carroll/ Track and Field
145 Main Street Room 150C
Durham, NH 03824

PARKING: In A-Lot across the street from
the Field House

DIRECTIONS TO UNH:
On UNH website at
<http://www.unhwildcats.com/>

**GET A JUMP START ON
YOUR INDOOR AND
OUTDOOR TRACK &
FIELD SEASONS!**

New Hampshire Track & Field Clinic Application Form

Name _____
Address _____
City, State, Zip _____
Age _____
M/F _____
Grade _____
School _____
Parent's Name _____
Home Phone _____
Work Phone _____
Insurance Name _____
Group # _____
Mastercard/Visa# _____ Exp. ____
(no debit cards, credit cards only)

Check One: Winter Clinic ___
Spring Clinic ___

**Full payment required with
application.**

**Camp participation requires waiver
form on reverse side to be completed
and signed.**

MAIL APPLICATION TO:
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Durham, NH 03824