

UNIVERSITY OF NEW HAMPSHIRE LEARN BY DOING TRACK AND FIELD COACHING CLINICS

FOR HIGH SCHOOL/CLUB COACHES OR MASTERS ATHLETES

WHERE: THE RESURFACED
PAUL SWEET OVAL!

UNH FIELDHOUSE, DURHAM, NH 03820

WHEN:

MONDAY, NOVEMBER 17, 2008, 5:00 - 9:00PM

MONDAY, MARCH 9, 2009, 5:00 - 9:00PM

WHO: CLINICIANS

Jim Boulanger, Director, UNH Track
USATF Level II Certified

Casey Carroll,
Head Coach, UNH Women's Track
USATF Level II Certified

George Liset
Assistant Coach, UNH Track
USATF Level I Certified

HOW: INSTRUCTION
WILL INCLUDE:

Learn by doing, video analysis, classroom instruction

TOPICS/ EVENTS:

Sprints, Jumps, Hurdles, Throws

COST: \$40.00 FOR PRE-REGISTRATION; \$50.00 FOR POST-REGISTRATION

PRE-REGISTRATION PREFERRED BY NOVEMBER 10TH AND MARCH 2ND

ON SITE REGISTRATION: 4:30-5:00PM ON DAY OF CLINIC

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

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NAME: _____

ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____

SCHOOL/CLUB/MASTER: _____

DATE OF CLINIC(S) ATTENDING: _____

Please make checks payable to: *Friends of UNH Track & Field*

Mail application to: University of New Hampshire, Attn: Casey Carroll/ Track & Field, 145 Main Street
Room 150C, Durham, NH 03824

Please refer to release form on reverse side.



UNIVERSITY OF NEW HAMPSHIRE
TRACK AND FIELD COACHING CLINIC

WAIVER FORM

Participant's Name: _____

Address: _____

I understand what the aforementioned activity involves and believe that the aforementioned person is in proper mental and physical condition to participate. I 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 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 my personal coverage. I have read and fully understand this release statement.

Signature _____

Date _____