

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Please Circle:

Attending: Both Days Just One Day

Grade: (2014-2015) 7 8 9 10 11 12

Event: Shot Put/Glide Shot Put/Spin Discus

Shirt Size: S M L XL XXL

Skill Level: Beginner Intermediate Advanced

School you will be attending in 2014-2015

**Mail registration, waiver,  
and check, payable to:**

Zach Hall

103 East 6th Street

Williamstown, WV 26187

**no later than June 6.**

## Staff:

### Director: Zach Hall

The 2014 season is Coach Hall's fourth season as the Williamstown High Girls head coach.

He has been coaching the throws at the school since 2009.

Under Hall the school has produced 29 state placers, 8 runner-ups, and 3 state champions also 2 state record holders in the shot put.

Prior to Hall's coaching career he was a standout at the high school level and collegiate levels.

Throwing experience

HS discus- 164'11

Collegiate- SP 42'6" Hammer 122'8

Discus 145'5 Javelin 189'9

### Jakeb Elliott

Williamstown High Graduate

HS Pr's of 148'8 and 45'1

2x state runner up in the discus

State Placer in Shot put

Competes at a D-1 Level in the throws

Currently Winthrops School record Holder in the Weight Throw and Hammer Throw

### Mark Britton

Ritchie County Graduate

One of the Best Throwers every to come out of the state of WV

HS PR's of 181'4 and 54'10

3x state champion in the discus

2x state champion in the shot put

Holds the school record in discus at Winthrop

### Lucinda Huffman

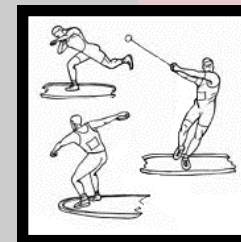
Ritchie County Throwers Coach

School Record holder in shot and discus

State Champion.

**2nd Annual  
LAUNCH IT**

## THROWS CAMP



**June 13-14**

**8:30—3:30**

**6th-12th Graders**

**Williamstown High School Track  
& Field Complex**

519 West 5th Street  
Williamstown, WV 26187

### **Includes:**

- 2 Days or 1 day of Instruction
- Camp T-Shirt
- Shot Put/Discus Training Handouts
- Introduction to Hammer Throw
- Video Analysis of Personal Throw
- NCAA Recruiting Information
- Psychological Aspects of Throwing

**Registration Form, Liability  
Wavier, and Camp Fee of  
\$80 for two days or \$50 for  
one day must be received by  
Friday, June 6th.**

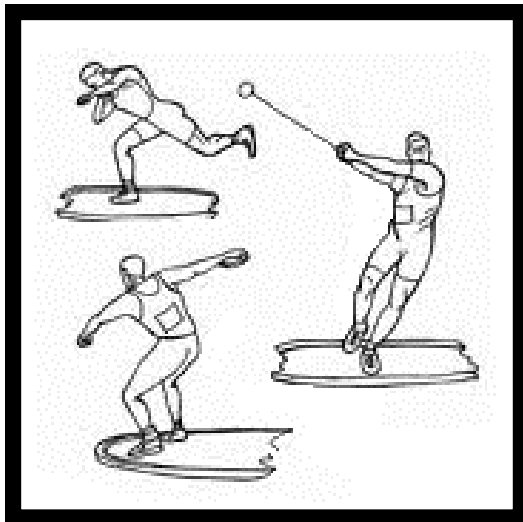
**Registration on the day of  
is available but athletes  
might not receive a Tee  
Shirt.**

**Mail checks payable to:**

Zach Hall  
103 East 6th Street  
Williamstown, WV 26187

**Questions, Contact Coach Hall**

whscoachhall@gmail.com  
(304) 483-9988



***Camp Itinerary:***

**Day 1:**

8:00-8:30: **Registration**  
8:30-8:45 - **Camp Safety & Intro of Staff**  
8:45-9:00- **Dynamic warm-up**  
9:00-9:15- **Throwers warm-up**  
9-15-10:00- **Technique Session #1**  
10- 10:30- **Group Q's and A's**  
10:30-10:45- **Break**  
10:45-11:30- **Technique Session #2**  
11:30-12:30- **Lunch (included in price)**  
12:30-12:45- **Warm Up**  
12:45-1:15- **"Throwers Challenge"**  
1:15-2:00- **Technique Session #3**  
2:00-3:00- **Weight Room Discussion**  
3:00-3:30- **Q's and A's**  
3:30 **Camp Closure**  
(subject to change)

**Day 2:**

8:00-8:30: **Registration**  
8:30-8:45 - **Camp Safety & Intro of Staff**  
8:45-9:00- **Dynamic warm-up**  
9:00-9:15- **Throwers warm-up**  
9-15-10:00- **Technique Session #1**  
10- 10:15- **Break**  
10:15-11:00- **Technique Session #2**  
11-11:30- **Group Q's and A's**  
11:30-12:30- **Lunch (included in price)**  
12:30-1:00- **Intro to the Hammer**  
1:00-2:00- **Technique Session #3**  
2:00-3:00- **Camp Competition**  
3:00-3:30- **Q's and A's**  
3:30 **Camp Closure**  
(subject to change)

**Launch It Throws Camp  
Liability Wavier/Parental Consent**

I hereby grant permission for my child to attend the Launch It Throws Camp. I verify that my child has had a physical exam in the past year and is capable of participating in the activities related to the camp. I agree to indemnify, hold harmless, and defend Zach Hall, Williamstown HS, and or their agents or employees from any and all liability for injury to my child, as well as any injury or damage cause by my child. Should emergency medical treatment for my child should be necessary, I hereby authorize EMS or ED physicians to order and conduct procedures necessary.

**I HAVE READ AND UNDERSTAND THE LAUNCH  
IT THROWS CAMP LIABILITY WAIVER**

\_\_\_\_\_  
Parent /Legal Guardian (Sign) Date

\_\_\_\_\_  
Name of Participant (Please Print)

**Emergency Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_