

Registration Form

Name: _____

Address: _____

Phone: _____

E-Mail: _____

Please Circle:

Attending: Both Days Just One Day

Grade: (2015-2016) 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 2015-2016

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

Zach Hall

103 East 6th Street

Williamstown, WV 26187

no later than June 12.

Staff:

Director: Zach Hall

The 2015 season is Coach Hall's fifth season as the Williamstown High Girls head coach. (4 State Team Championships) He has been coaching the throws at the school since 2009. Under Hall the school has produced 31 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.

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

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

Lucinda Huffman

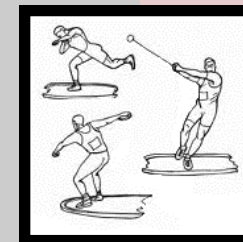
Ritchie County Throwers Coach

School Record holder in shot and discus

State Champion.

**3rd Annual
LAUNCH IT**

THROWS CAMP



June 19-20

8:30—3:30

6th-12th Grades

**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

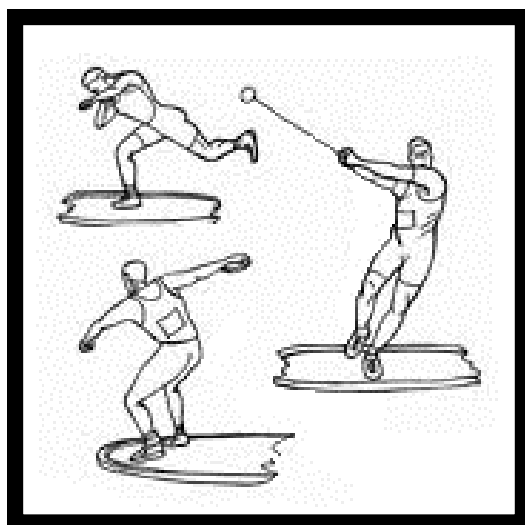
Registration Form, Liability Wavier, and Camp Fee of \$100 for two days or \$60 for one day. Registration on the day of is available but athletes might not receive a Tee Shirt.

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: _____