



“Learning to throw better to throw farther”

INFORMATION

Who: Athletes in Grades 7-12; HS coaches encouraged to attend at no charge

Where: Century High School, Bismarck ND

When: June 19-21, 2024

Time: June 19: 9:30-5:00 (Shot, Disc., Jav., Hammer)

June 20: 8:30-4:45 (Shot, Disc., Jav., Hammer)

June 21: 8:30-12:00 (Shot, Disc., Jav., Hammer)

Cost: \$175

Registration Deadline: Friday, June 7, 2024

What to bring: Tennis shoes and throwing shoes, water bottle, notebook and pen, appropriate clothing for the weather, bug spray, and sunscreen. Please bring your own implements if possible (2-4 discs, 1 shot, 1 javelin). If you do not have your own, some may be provided. We have minimal supplies, so please bring them if you are able.

Check In: Located inside the shed NW of the school.

Facilities: Century High School has 12 shot put pads, 12 discus pads, one hammer ring, and two fields for javelin. In case of inclement weather, we will go inside at Horizon Middle School in Bismarck.

CLINIC SCHEDULE

Wednesday, June 19

9:30-10:00 Check In

10:00-10:30 Introductions, Safety, Warm up

10:30-11:30 Shot/Disc/Hammer/Jav Sessions

11:30-12:30 Switch Implements

12:30-2:00 Lunch

2:00-3:30 Shot/Disc/Hammer/Jav Sessions

3:30-5:00: Switch Implements

Thursday, June 20

8:30-9:00: Warmup, safety, and pictures

9:00-10:30: Shot/Disc/Hammer/Jav (Grp. A)

10:30-12:00: Switch Implements (Jav Grp. B)

12:00-1:30: Lunch on your own

1:30-1:45: Warmup

1:45-3:15 Shot/Disc/Hammer/Jav (Grp. A)

3:15-4:45: Switch Implements (Jav Grp. B)

Friday, June 21

8:30-9:00: Warmup

9:00-10:30: Shot/Disc/Hammer/Jav (Grp. A)

10:30-12:00: Switch Implements (Jav Grp. B)

MISC. INFORMATION

-Lunch will not be provided. The sessions are timed so that they work around lunch.

-If you are traveling from out of town, you are responsible for your own housing arrangements. The Quality Inn is offering a special rate for anyone attending this camp. When reserving a room, tell them you're attending the 701 Throws Camp. Call the Quality Inn 701-223-1911; 1030 E Interstate Ave, Bismarck, ND 58503 or use this link: <https://www.choicehotels.com/reservations/groups/KW42Q5>

-Coaches: Justin Miller, Brandon Schaffer, & Larry Walker (Century HS), Disa Salander Julius (Minot HS), Jayd Eggert (Minot HS), Ross and Sarah Walker (Buffalo HS, Wyoming), Cullen Mack (Parker HS, SD), Ken McClain (Coeur d'Alene ID), Adam Mark (NDSU), Nick Klatt (Killdeer), Jeff Miller (Oakes), Chris Aschemann (Quincy University, IL), Abby Ruland (Stanley), Jon Evenson (Northern State, SD), Nate Safe (Kindred), Adam Lufkin (CSU Pueblo, CO),; Josh Brosten (Legacy HS); Riley Riehl (Legacy HS); Tyler Dean (University of Jamestown); Andrew Dubiel (BSC); TJ Crater (Ironwood Throws Center), Riley Dolezal (Horace), Gaylen Brantley (DSU), Tanner Gust (DSU), Drew Jones (NDSU)

Registration Form

VENMO: @Justin-Miller-859

Cash/Checks Payable to: Justin Miller

Mail to: 3121 Hampton St. Bismarck, ND 58504

Camper Name: _____

Grade in Fall 2024: _____

School: _____

Home Address: _____

City/State/Zip: _____

Parent Phone
Number: _____

Email: _____

Shot Put PR: _____

Discus PR: _____

Javelin PR: _____

T-Shirt Size: Small Medium Large XL XXL XXXL
(Circle One)

Registrations due June 7, 2024

If you have any questions call Justin at 701-527-4818 or Larry Walker
at 701-590-9379

Late registrations will not be guaranteed a T-shirt, but can participate!

Waiver/Disclaimer

In order for an athlete to participate in this camp, a parent or legal guardian must complete and sign this release and medical authorization.

Release and Liability

In consideration of the 701 Throws Camp granting the athlete permission to participate in the Throws Camp, I hereby assume all risks of his/her personal injury that may result from any Throws Camp activity. As parent/guardian, I do hereby release 701 Throws Camp, all staff and volunteer, Bismarck Century High School, Bismarck Public Schools, and all agents, all instructors and all participants in said Throws Camp program from liability, including claims and suits at law or inequity, for injury which may result from the student taking part in 701 Throws Camp activities.

Parent or Legal Guardian

Signature: _____ Date: _____

Athlete Signature: _____ Date: _____

Medical Authorization

I request and authorize the proper personnel of this camp to refer to an appropriate medical facility, for treatment of illness, injury, or both; and I further authorize the physician(s) selected by the camp personnel to treat said injury or illness as they think best for the most advantageous welfare of the patient if that should be a circumstance.

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with my son/daughter's attendance in this camp.

Insurance Provider: _____

Policy/Group ID# _____

Current/Past Injuries of which we need to be aware: _____

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

I have read and understand fully the Assumption of Risk and Waiver of Liability Relating to the 701 Throws Camp in the statement above.

Print Name of Parent/Guardian of 701 Throws Camp Participant(s)

Signature of Parent/Guardian

Date