

CLINIC MEDICAL RELEASE/WAIVER

I certify that my child has permission to participate in the speed clinic at Geneva College. He/she has been examined by a doctor in the last year and has been cleared to play the sport. I have health insurance. In the event of an injury, I wish to be contacted before treatment. If I cannot be contacted, I authorize Geneva College, the clinic directors, or their agents to obtain reasonable emergency treatment. I absolve Geneva College, the clinic directors, and their agents of any liability or judgments that are a result of my child's misconduct or negligence. I have read and understand this waiver.

PARENT/GUARDIAN _____

SIGNATURE _____

DATE _____

DAYTIME PHONE _____

HOME PHONE _____

CELL PHONE _____

INSURANCE COMPANY _____

POLICY # _____

ALTERNATE CONTACT _____

PHONE _____

Please advise of special health conditions
(Attach separate sheet)
Insurance is not provided through the clinic.

Send this form to:
Bret Otte
Geneva College
3200 College Avenue
Beaver Falls, PA 15010



Department of Athletics
3200 College Ave.
Beaver Falls, PA 15010

GENEVA COLLEGE SPEED CAMP SPRING 2009



**GENEVA COLLEGE
TRACK & FIELD**



WHAT WILL YOU LEARN?

- Sprinting skills
- Starting
- Warm-ups
- Top speed mechanics

FEATURES

- Geneva College prizes
- Handouts
- Fun

WHAT TO BRING

- Training shoes
- Spikes
- Clean, dry shoes
- Warm-up clothing
- Water bottle

DATES

Friday, March 6; 6 PM – 8 PM
 Saturday, March 7; 12 PM – 3 PM

For more information, contact
 Bret Otte: bjothe@geneva.edu
 or 724.462.0167.

ABOUT THE DIRECTOR

BRET OTTE, M.A. Coaching

- Geneva College Head Cross Country and Track & Field coach
- Certified Level III Sprints and Hurdles Coach
- Coach of multiple national and international track & field champions
- Experience coaching NCAA Division I and Division III
- Physical Education teacher
- Author of many published articles on sprinting and hurdling

REGISTRATION

Only \$50

10% discount for three or more athletes from the same school or club

CLINIC APPLICATION

Complete this form and send it to the address below. Please help us in organizing a great clinic by pre-registering. Make \$50 checks payable to Geneva College Track & Field.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

SCHOOL _____

AGE _____ GRADE _____

T-SHIRT SIZE (ADULT)

S M L XL

PARENT(S) NAME _____

PARENT(S) PHONE _____

Please send a speed camp brochure to my friend:

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

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