

Camp Waiver

I give permission for _____ to participate in the 2007 event conducted by the Waller Bulldog Track and Field Camp. I understand that I must provide insurance coverage for my child and acknowledge that the Waller Bulldog Track and Field camp and any agent involved with the Track and Field Camp shall be held harmless in the event of injury.

SIGNATURE FOR RELEASE OF LIABILITY

Parent _____

Date ____/____/2007

Members of the camp's coaching staff

Lauren Kershner

Girl's Head Track Coach at Waller High School

Member of the Sam Houston State Track and Field Team (Sprinter/Hurdler)

2000 & 2001 300 hurdle State Champion

Clint Blinka

Men & Women's assistant track coach at Sam Houston State University

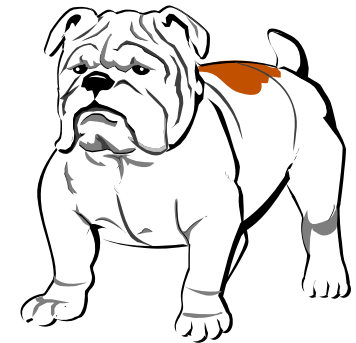
Member of the Sam Houston State Track and Field Team (Decathlon/Pole-Vault)

NCAA Division 1 qualifier—Pole

2007

Waller Bulldog Track and Field Summer Camps

Grades 6th—12th



The Waller Track & Field Camp will help athletes become faster, stronger and smarter athletes.

We will teach techniques that will improve speed, strength and overall skills. Our hope is that we can help individuals become the best overall athlete he or she can be.

Each camp will offer event specific techniques and drills.

Clinics will help beginners as well as advanced athletes.



TRACK & FIELD CAMP INFORMATION

Who can come: Boys and Girls who will be entering the 6th grade through 12th grade

Camp Pricing: \$60/per camper. T-shirt included. \$10 Multiple camp/Sibling discount.

Registration: Post mark check by June 7th . Walk ups also welcome.

Equipment: Each camper will need to wear running shoes and running clothes. Spikes if possible and a water bottle.

Location: Waller Stadium

Dates & Times:

June 11-14

9:00-10:30 Sprint Clinic

10:30-12:00 Thrower's Clinic

June 25-28

9:00-10:30 Hurdle Clinic

10:30-12:00 Jump Clinic

REGISTRATION FORM

\$ _____ Enclosed amount
**Make checks payable to
Lauren Blinka or Clint Blinka
Mail to: 305 Hill Street
Sealy, TX 77474

Camp attending:

Sprint Clinic

Throwers Clinic

Hurdle Clinic

Jump Clinic

Name: _____ Alternative# _____
Address _____ School _____
City _____ Insurance CO & Policy # _____
Phone# _____ Email _____ .com
Parents Name _____ Shirt Size: S M L XL XXL