

**NEW HAMPSHIRE
SPEED CLINIC
WAIVER FORM**

Participant's Name _____

Address _____

The above mentioned child has my permission to participate in the UNH Speed Clinic. I/we understand what the aforementioned activity involves and believe that the aforementioned person is in proper physical condition to participate. I/we assume all of the risks and responsibilities arising from participation, and do for myself, my heirs and personal representatives hereby hold harmless, indemnify, release and forever discharge the Division of Athletics, the University of New Hampshire, and their officers, agents, and employees from and against any and all claims, demands, and actions or causes of action, on account of property damage, physical injury, or death which may occur during the period of participation. In the event of emergency requiring medical attention beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by the Department of Athletics to provide medical attention to the aforementioned person, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of parental insurance coverage. I have read and fully understand this release statement.

Signature of parent/guardian _____

Date _____

Please list any Medical Condition that the clinic should be made aware of and **ANY** medication the athlete is **ALLERGIC TO:**

CLINIC STAFF

Jim Boulanger

- **Head Coach, Director of UNH Men's and Women's Track and Field/ Cross-Country Program**
- **Multiple America East Coach of the Year Awards**
- **USATF Level II Certified**

Casey Carroll

- **Head Coach, UNH Women's Track and Field**
- **USATF Level II Certified**
- **Multiple America East Coaching Staff of the Year Awards**
- **New England Coach of the Year**

George Liset

- **Assistant Coach, UNH Women's Track and Field**
- **Former Head Coach, UNH Women's Track and Field**
- **USATF Level I Certified**

Other college and high school coaches will be on hand to assist.

A team discount is available at the rate of \$75.00 per person if a team enrolls five or more athletes.

**UNIVERSITY
OF NEW
HAMPSHIRE
SPEED
CLINIC**

**WINTER CLINIC
January 2nd, 3rd and 5th 2012**

**SITE:
THE NEWLY RENOVATED
PAUL SWEET OVAL
University of New Hampshire**



CONTACTS:
Coach Jim Boulanger
(603) 862-3888 or
Coach Casey Carroll
(603) 862-3815

**START THE NEW YEAR BY
LEARNING TO BE FASTER!**

CLINIC INFO

WHO?

Open to male and female athletes of all sports in grades 7 through 12.

PURPOSE?

This is not your ordinary clinic. All athletes will learn the fundamentals of sprint mechanics and training that will allow them to become more explosive. This will be a **“learn by doing”** clinic. All athletes should come prepared to participate. Bring shorts and shoes. The coaching staff will provide speed equipment. Participants will learn from one of the most successful collegiate track and field programs in New England. In addition, athletes will have an opportunity to train in the brand new Paul Sweet Oval.

WHEN?

CLINIC DATES:
WINTER CLINIC
JAN. 2,3 and 5, 2012

CLINIC TIMES:
6:00-8:00 pm (both days)
REGISTRATION: 5:30-6:00pm
on Day 1 of clinic

A CERTIFIED ATHLETIC TRAINER
WILL BE AVAILABLE AT ALL
SESSIONS

COST:

\$100.00 if pre-registered 7 days before camp.

\$125.00 (6 days or less & SAME DAY as camp)

A team discount is available at the rate of \$75.00 per person if a team enrolls five or more athletes.

IF PAYING BY CHECK
MAKE CHECKS PAYABLE TO:
FRIENDS OF UNH TRACK & FIELD

MAIL APPLICATION TO:
University of New Hampshire
Attn: Casey Carroll/ Track and Field
145 Main Street Room 150C
Durham, NH 03824

PARKING: In A-Lot across the street from
the Field House

DIRECTIONS TO UNH:
On UNH website at
<http://www.unhwildcats.com/>

**ALL ATHLETES CAN
IMPROVE THEIR
EXPLOSIVE POWER!**

New Hampshire Speed Clinic Application Form

Name _____
Address _____
City, State, Zip _____
Age _____
M/F _____
Grade _____
School _____
Parent's Name _____
Home Phone _____
Work Phone _____
Insurance Name _____
Group # _____
Mastercard/Visa# _____ Exp. ____
(no debit cards, credit cards only)

**Full payment required with
application.**

**Camp participation requires waiver
form on reverse side to be completed
and signed.**

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Durham, NH 03824

**FEEL THE NEED FOR
SPEED!!**