

Western Oklahoma Throws 2022

DISCUS AND SHOT PUT TECHNIQUE CLINIC

Dates: Sunday June 26, 2022

Time: 1:00pm-3:30pm - **30 min break** - 4:00pm-5:30pm

Who: 5th-12th grade students interested in learning or improving technique

What: Participants will learn proper and safe techniques needed for throwing both Discus and Shot Put.

Location: Clinton High School Practice Gym (Gary Blvd and Corbin Lane)
With the Heat being a factor, we will begin instruction in the gym before moving to the throwing rings behind the football stadium.

Parking is available at the practice gym and across from the throwing rings at the Church on Lexington Street.

Things to Bring: Athletic Shoes (NO CROCS or HEY DUDES)

Practice implements will be available but athletes are encouraged to bring their own implements if they choose

Attendees/Clinicians:

Montiel Crane 2022 4A State Discus Champion

Kat Meacham 2021 5A State Discus Champion

2022 4A Shot Put Placer

2022 4A Discus Placer

Lola Hester 2022 State Discus Placer

Wyatt Sawatzky 2022 State Discus Placer

Tiauna Hester 2022 Regional Shot Put Placer

Cooper Whitetail 2022 Regional Shot Put Placer

Russ Radford Clinton Throws Coach

BreaAnna (Davis) Green Clinton Throws Coach

2014 5A Discus and Shot Put Champion

Clinic fee is \$20.00 per athlete

[Registration Form](#)

You can register by clicking on the above Google form Link
You may also send information to Russ.Radford@Clintonokschools.org
Questions please call or text (405)795-0438

Registration forms and waivers will be available on site.

Registration Information / Waiver

Name _____

City / Town _____

Grade _____

Acknowledgement of Risk and Waiver

I hereby consent to the above person participating in the Western Oklahoma Throws Clinic. I represent that I understand the nature of the clinic, the activities involved and certify the above named participant is qualified, in good health, and in proper physical condition to participate in the clinic. I also certify that my participant does not have any condition that could be worsened as a result of participation in the clinic. I accept and assume all responsibility for losses, costs, and or damages I and/or my participant may incur as a result of participation of the above named clinic.

I release, indemnify and hold harmless any and all clinic staff, Clinton Public Schools, their administrators, and other clinic participants, from all liability, any losses, claims, demands, costs, or damages that I and/or my participant may incur as a result of participation in this clinic. I further agree that if despite this Release, I or anyone on my behalf, makes a claim against any of the releases, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as a result of such claim. I have read this Release, fully understand it and represent that I have signed it voluntarily.

Parent/Legal Guardian _____

Date _____

Emergency # _____