

WHAT TO BRING

- Campers must bring their own spikes/throwing shoes. Vaulters will need to bring their own poles. LCSC will provide the throwing equipment. Campers are also encouraged to bring water, and warm clothes.

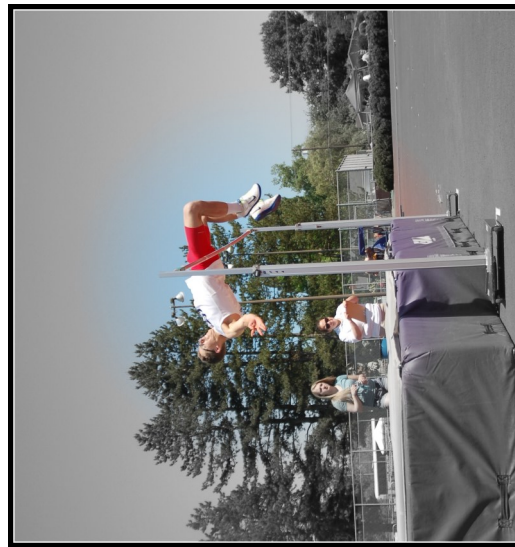
QUESTIONS???

If you have any questions, contact LCSC
Head Assistant Coach at:

Cyrus Hall

Office: 208.792.2520

Email: cbhall@lsc.edu



TRACK & FIELD



2017

**Winter Track
& Field
CLINICS**

January 28, 2017

February 18, 2017

Ages 6-18



2017 Warrior Track & Field Clinics
Lewis-Clark State College
Attn: Coach Cyrus Hall
500 8th Ave.
Lewiston, ID 83501

LOCATIONS

Sprints/Hurdles/Relays & Jumps will be held at Lewiston High School's Sweeney Track at the Vollmer Bowl.

- 1114 9th Ave. Lewiston, ID 83501
- We will host the clinics regardless of weather. So come prepared for anything!
- Throws will be held inside Lewis-Clark State's Activity Center

FEES

Cost is \$20 per athlete per Clinic. No refunds.

ONLINE REGISTRATION

You can register for any of the clinics online at connect.lcsc.edu/crosscountry/ through a registration link.



SPRINTS/HURDLES/RELAYS

Saturday, January 28, 2017

8:45am	Check in @ the track
9:00am	Staff Introductions
9:15am	Warm Ups
9:30am	Hurdles/Sprints
10:30am	Starting blocks
11:30am	Relays
12:00pm	Clinic Ends

JUMPS CLINIC

Saturday, February 18, 2017

8:45am	Check in @ the track
9:00am	Staff Introductions
9:15am	Horizontal Jumps
10:30am	Vertical Jumps
12:00pm	Clinic Ends

THROWS CLINIC

Saturday, February 18, 2017

8:45am	Check in @ LCSC Activity Center
9:00am	Staff Introductions
9:15am	Warm Ups
9:30am	Shot Put
10:45am	Discus
12:00pm	Clinic Ends

2017 CLINIC APPLICATION

Fill out complete, clip and mail full payment to:

LCSC Track & Field, 500 8th Ave. Lewiston, ID 83501

Please make check payable to LCSC Track & Field

_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (print)	Male	Female
Parent/Legal Guardian _____		
Street Address _____		
City/State/Zip _____		
_____	_____	
Daytime Phone	Emergency Phone	
Email _____		
_____	_____	
School	Grade	

Sprints/Hurdles/Relays Clinic	<input type="checkbox"/>
Jumps Clinic	<input type="checkbox"/>
Throws Clinic	<input type="checkbox"/>

Medical Waiver –Must be signed

I understand by the nature of the activity that there exists the possibility of an accident, and I assume the risk and responsibility while attending Lewis-Clark State College Track and Field Clinic. I as parent/guardian of a minor student, permit emergency care to be administered to him/her as deemed necessary by the LCSC coaches, staff, or athletic trainers. I will allow the involved hospital and/or doctor to administer the required treatment for the emergency condition. I also understand that Lewis-Clark State College does not have insurance coverage for injuries to sport camp participants. Nor will I hold LCSC, it's Track and Field Coaches, staff or it's athletes liable for any injuries or expenses that may occur while my child is participating.

Signature of Parent/Guardian _____
 Special Medical Concerns: _____
