



UNIVERSITY OF DUBUQUE

# Throw UD Camp

Loyalty | Honesty | Work Ethic



## One-Day Camp

February 5, 2017

Sunday from 9:00 a.m. - 1:00 p.m.  
Check-in 8:30 a.m.

## Camp Price

Early Registration: \$50 Per Person

Late/Day of Registration:  
\$60 Per Person

## What to bring

- Athletic Apparel
- Running Shoes
- Event Shoes/Spikes
- Implements (indoor shots/discs)
- Water bottle
- Writing utensil (pen/pencil)

T-Shirt Provided

## Camp Director

Liam Hartley  
Director of Operations  
Track & Field | Cross Country  
University of Dubuque  
Office: 563.589.3714  
Email: LHartley@dbq.edu



## Event Education and Video Analysis

### Camp Schedule

8:30 a.m.	Check In (Mercer-Birmingham)
9:00 a.m.	Classroom/Video Session
10:00 a.m.	Event Training Session
11:00 a.m.	Break/Snack
11:15 a.m.	Event Training Session
12:00 p.m.	Strength Training Education
12:45 p.m.	Cool Down/Recovery
1:00 p.m.	Dismissal

### Camp Staff:

- Chad Gunnelson, Director of Track & Field | Cross Country  
E: CGunnelson@dbq.edu M: 608.658.6538
- Ryan Bartell – Jumps
- Davivorn Dowe – Sprints
- Geoff Gundlach – Distance
- Liam Hartley – Distance
- Jake Malm – Throws
- Evan Zurbuchen – Hurdles

### How To Register:

**REGISTER BY FRIDAY, JANUARY 27, 2017**

*\*We will allow day of registration, but we ask that you PLEASE contact us prior to coming via email.*

*\*Shirt size is NOT guaranteed if registration is received after the deadline.*

Please fill out the registration form on the back and the Camp waiver, return with fee via mail to the address provided below.

It is very important to write legibly and include all information requested. Please note, we will accept day of registration but prefer that you register early or contact us prior to attending.

### MAKE CHECKS PAYABLE/MAIL TO:

University of Dubuque  
ATTN Karla Weber  
2000 University Avenue  
Dubuque, IA 52001



# Registration Form

## University of Dubuque 2016 Throw UD Camp - February 5, 2017

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ Gender: M / F

City/State/Zip: \_\_\_\_\_

Athlete Cell: \_\_\_\_\_ Parent/Emergency Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ High School: \_\_\_\_\_

Unisex T-Shirt Size (choose one):  S  M  L  XL  XXL  XXXL

Attending Visit Day (optional):  Yes  No

Payment:  Cash \$ \_\_\_\_\_  Check \$ \_\_\_\_\_ Check Number # \_\_\_\_\_

### University of Dubuque (UD) – Hold Harmless/Waiver/Release of Liability

Each participant's parent/guardian must complete this form prior to their son/daughter's participation in this UD activity. Please read this form carefully and be aware that you will be waiving and releasing all claims for any injury/illness sustained during this activity by your son/daughter.

- As the parent/guardian of the participant, I certify that he/she is physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the camper as well as permission to transport to a medical facility in the event of injury.
- The University of Dubuque does not carry medical insurance for injuries/illness sustained arising out of this activity. It must be noted that the absence of health insurance coverage does not make UD responsible for payment of medical expenses.
- In consideration for the participant's involvement in the UD above named activity, I agree to assume all risk and fully release from all liability UD, members of the University community, its directors, officers, trustees, agents, servants and employees for any injuries including death, damages or loss of severity which my child may sustain as a result of participating in this activity.
- I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.
- I further agree to indemnify and hold harmless UD, members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages and losses sustained by my child stemming from or in any way associated with my participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.

I certify by signing the Hold Harmless/Waiver/Release of Liability Agreement that I agree to ALL terms listed above.

Parent/Guardian Name (PRINT PLEASE): \_\_\_\_\_ Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Signature (REQUIRED): \_\_\_\_\_

Mail form AND waiver to:

University of Dubuque, Attn: Karla Weber, 2000 University Avenue, Dubuque, IA 52001