

PENDLETON's THROWS CLINIC
GENOA HIGH SCHOOL TRACK & FIELD

At Genoa High School, 2980 N. Genoa Clay Center Rd., Genoa

Sunday, April 7, 2019 9:30 – 4:30 (rain or shine)

COME TRAIN WITH US

Come learn drills and techniques that will make you a better thrower! Athletes have gone on to become State Champions and State Qualifiers after attending our camp.

This year's instructors will be Division I & II College Coaches and a few NCAA athletes. The Pendleton family will be there instructing as well! See you April 7th

We are happy to be sponsored by

MF ATHLETICS "Everything Track & Field"

Rob Lasorsa will be at our clinic with Track & Field supplies for purchase –
Including Discuses and Shot Puts and MANY other products!

COST:

\$90 per athlete – includes VS Sports Throw ball for Drills. Breakfast & Lunch

\$50 per coach or parent – parents encouraged to participate if there are no Throws Coaches
at your school. (price includes breakfast & lunch)

Deposit of \$50 required to hold spot. Balance due day of clinic....**There will be no refunds.**

*******MAKE CHECKS PAYABLE TO : Genoa Athletic Department*******

*******MAIL TO : Mike Pendleton, 3660 County Road 106, Lindsey, OH 43442*******

*****419-862-3803 (days) or 567-201-9638 (evenings)*****

SCHEDULE:

8:30 – 9:30 a.m. Registration & breakfast

9:30 a.m. – Morning Session: Throwing stations, drill demonstrations & participation

Lunch Break

12:30 p.m. Afternoon Session: Throwing Stations (shot put & discus)

Discus throwing for the new or experienced thrower, skills for both.

Glide and rotational shot put for new to advanced throwers.

The day will be spent learning drills and techniques to give you an understanding of how to be a better thrower. At the conclusions of this clinic you will understand what we do to compete at a high level!

Come see what works for us !!

Assisting with the clinic will be Division I College Coaches

Nathan Fanger, Kent State University, Throws Coach
Stephen Saenz, Central Michigan University, Throws Coach
And other College Coaches

Mike Pendleton – Genoa Throws Coach – Coach of:

Emily Pendleton – 2 time BIG TEN Champion in Discus, University of Michigan
2 time BIG TEN Runner up in Discus, University of Michigan
2007 National Gatorade Player of the Year Track and Field
4 time High School Discus Champion
2007 2nd place, 2006 4th place finish Shot Put Ohio State Meet 2006 & 2007
High School All American & Nat'l Champion Discus
2007 Pan Am Games Discus Champion
All Time Ohio High School State Record Holder Discus @ 183'3"

Erin Pendleton Saenz – 2010 Silver Medalist @ Jr. World's Moncton Canada
2010 & 2012 BIG TEN Champion in Discus, University of Michigan
2 time High School Discus Champion & State Meet Record Holder
2009 3rd place finish Shot Put Ohio State Meet
2008 4th place finish Shot Put Ohio State Meet
2007 2nd place finish Discus Ohio State Meet

Carly Pendleton – 2015 NCAA National Qualifier Discus, Ohio State University
2014 BIG TEN Championships 4th place Discus Champion
2010 Silver Medalist Ohio State Meet Discus
2010 New Balance Outdoor High School All American Discus

Megan Pendleton – Division I Collegiate Athlete, Eastern Michigan University
2014 NAIA National Qualifier, Aquinas College
2013 Division III High School State 8th place finish Discus
2012 Division III High School State 11th place finish Discus

Logan Bryer – 2014 High School State Champion Shot Put
2014 3rd place finish Discus Ohio State Meet

Kain Lucas – 2017 Division III High School State Runner-Up Shot Put

Maddy Pollard – 2017 Division I High School State Champion Discus & Shot Put
2016 Division I High School State Champion Discus

Matthew Lamb – 2017 Division III High School State Runner-Up Discus
2016 Division III High School State Champion Discus

PENDLETON's THROWS CLINIC
REGISTRATION

Name _____ Athlete or Coach (circle one)

High School _____ HS Graduation Year _____

*****Contact mail***** _____

Home Address _____ Phone _____

Signature of Parent/Guardian _____

Please note: shots & discs not required but please bring your throws shoes

Name _____ Athlete or Coach (circle one)

High School _____ HS Graduation Year _____

*****Contact Email***** _____

Home Address _____ Phone _____

Signature of Parent/Guardian _____

Please note: shots & discs not required but please bring your throws shoes

Name _____ Athlete or Coach (circle one)

High School _____ HS Graduation Year _____

*****Contact Email***** _____

Home Address _____ Phone _____

Signature of Parent/Guardian _____

Please note: shots & discs not required but please bring your throws shoes

ATHLETIC WAIVER and RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **Genoa Throws Clinic**

Held Sunday, April 7, 2019

the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involved risk or injury which might result not only from their own actions, inactions or negligence, but actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
2. Assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.
3. Release waive and covenant not to sue Genoa High School, their respective administrators, coaches and other employees of the organization, other participants, all of which are hereinafter referred to as "release" from any and all liability to each of the undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

FORM MUST BE SIGNED BY PARENT/GUARDIAN AND ALTHETE IN ORDER TO PARTICIPATE !!

(Please sign and send in with registration form and payment)

I, THE UNDERSIGNED, HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGING IT, AND SIGN IT VOLUNTARILY.

Signature of Athlete_____

Printed Name_____

Address_____City_____State_____Zip_____

Phone _____***Contact Email***_____

Signature of Parent/Guardian_____Date_____