



OHIO NORTHERN UNIVERSITY

Track and Field

Winter Development Camps

Grades 7-12

December 12, 2009

**King Horn Sports Center
Ohio Northern University
Ada, Ohio**

**8:00 am – 11:30 am Sprints and Hurdles
Sprint Mechanics and Hurdle Technique Training**

**12:30 pm – 4:00 pm Horizontal Jumps
Technique Training for the Long and Triple Jumps**

**12:30 pm – 4:00 pm Throws
Technique Training for the Shot Put and Discus**

**5:00 pm – 8:30 pm Vertical Jumps
Technique Training for the High Jump and Pole Vault
(poles will not be provided, must bring your own)**

**Note – Check OHSAA rules regarding coaches/athletes attending camps.*

Participants will be provided with a notebook and t-shirt, as well as instruction from the ONU coaching staff and student athletes.

Cost: \$45 *per session* if received by December 1, 2009

\$60 per session after that and at the door (t-shirts not guaranteed without pre-registration)

Name: _____ Year in school: _____ High School: _____

Address: _____ Phone: (____) _____

City, State, Zip: _____ Email: _____

Gender:
M
F

- | | | | |
|--|-----------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sprints and Hurdles | -(circle all interested in) | <input type="checkbox"/> Sprint | <input type="checkbox"/> Hurdle |
| <input type="checkbox"/> Horizontal Jumps | - | <input type="checkbox"/> Long Jump | <input type="checkbox"/> Triple Jump |
| <input type="checkbox"/> Throws | - | <input type="checkbox"/> Shot Put | <input type="checkbox"/> Discus |
| <input type="checkbox"/> Vertical Jumps | - | <input type="checkbox"/> High Jump | <input type="checkbox"/> Pole Vault |

**Send To: ONU Track and Field
525 South Main Street
Ada, OH 45810**

Shirt Size:	S
M	L
XL	XXL

Checks Payable To: ONU Track and Field

Questions? m-scott.4@onu.edu

**MUST BE SIGNED BY
PARENT/GUARDIAN**

I hereby release the Ohio Northern University from any responsibility for any injury and/or damages resulting from my child/ward's participation in the Ohio Northern University Winter Camps. If for any reason, she needs medical attention, I grant permission for her to be referred at the discretion of the ONU camp/athletic training staff and/or Campus Safety.

Print Parents Name _____

Parents Signature _____

Date _____