

NTCA Winter Throws Clinic

General Information

When: Sunday February 14, 2010

Time: Registration: 9:30- 10:00 am – Central Standard Time!!!!
Clinic: 10:00 am – 3:00 pm

Where: Portage High School Feildhouse (entrance M – back of the building), Portage, Indiana

Contact: Mark Harsha at (219) 763-7033 , (219) 771-2398 cell or mharsha@portage.k12.in.us

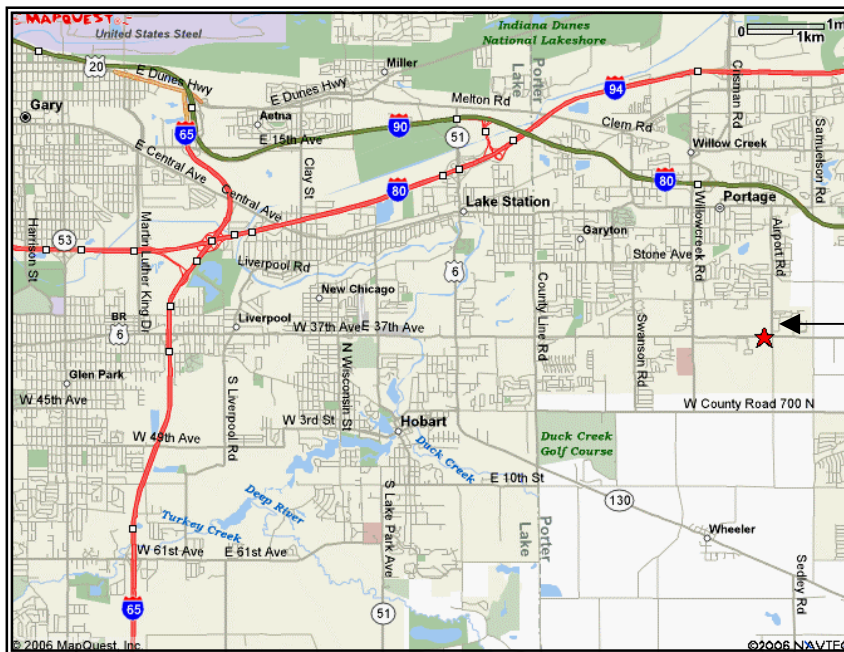
Food: Lunch will NOT be provided

Includes: clinic notes & Instruction

Implements: All implements will be provided so there is no need to bring your own

Waiver Form: Complete and bring the day of the clinic

Books, Videos & Implements will be available to purchase at a discounted rate – see discount page for details



Portage High
School

Map for Portage High School

NTCA Winter Throws Clinic

Treatment Authorization for Minors

I authorize the Clinic Staff designee or a qualified and licensed medical doctor to administer immediate or emergency medical treatment to: _____.

Student's Name

If any unforeseen condition shall arise calling on the judgment of the physician or the designee, I shall request and authorize the physician/nurse or medical designee to do what is advisable provided an immediate effort is made to contact me.

1. Specific medical allergies, chronic illness, or other conditions.

2. Injuries and/or operations during the past year?

3. Has student's physical activity been restricted during the past year?

4. Does student take any medication? **yes / no** (circle one)
If yes, list medications and if student will need take them during In Zone hours?

5. Does Student have any adverse reactions to any drugs? **yes / no** (circle one)
If yes, list reactions to drugs and its side effects

Parent/Guardian _____

Home Address _____

Street City/State Zip Code

Home Phone Number (____) _____ Work Phone Number (____) _____

Emergency Contact's Name _____ Contact's Phone Number (____) _____ Physician's Name

_____ Physician's Phone Number (____) _____

Signature: _____ **Date:** _____
Parent/Guardian

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in having your child registered and participating in this program, you will be waiving and releasing all claims for injuries your child might sustain arising out of this program. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my child participating in the program against National Throws Coaches Association, Portage High School, and Clinic Staff. I do hereby release and discharge National Throws Coaches Association, Portage High School, and Clinic Staff from any and all claims from injuries, damage or loss which my child may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend National Throws Coaches Association, Portage High School, and Clinic Staff from any and all claims resulting from injuries, damages and losses sustained by my child and arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize Clinic Staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child's immediate care, and I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details and Waiver and Release of all Claims.

Signature _____ **Date** _____
Parent/Guardian