



-coach bolt-
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coach bolt on Twitter
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Long Jump-Triple Jump-High Jump

Registration Form

Welcome to the "Shocker Fitness with coach bolt" Jumps Camp! "coach bolt" is Steve Rainbolt, the Wichita State University Head Track and Field Coach. He will be assisted by Heidi Yost, the WSU Jumps Coach. This registration form is for the Jumps Camp to be held from June 15-17, 2010 held at 8:30 to 11:30 AM each day. Each workout will be held in Cessna Stadium on the campus of Wichita State University. The sessions will incorporate jumping skills for long jump, triple jump, and high jump and general conditioning activities. The cost of the Jumps Camp will be \$90.

Send forms to:
Wichita State Track and Field
1845 Fairmount
Wichita, KS 67260-0018

MAKE CHECKS PAYABLE TO SHOCKER FITNESS

Name _____ DOB _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Email _____

Family Medical Insurance Company _____

I verify that I have been checked by a licensed physician and am physically able to participate in Shocker Fitness w/ Coach Bolt. I understand that participation in the camp will involve instruction in fitness and may include vigorous physical exercise or activity involving a multitude of risks, including but not limited to, broken bones, sprains, muscle pulls and head injuries. In consideration of me being able to participate in Shocker Fitness w/ Bolt, I hereby agree and promise that I will not hold Shocker Fitness w/ Coach Bolt nor its employees responsible for any loss, damages, or personal injury received as a result of my participation or the conduct of camp directors and/or employees, including negligence. I hereby authorize the directors of Shocker Fitness w/ Coach Bolt to act for myself according to their best judgment in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow myself to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp operated by Steve Rainbolt and is not operated by, connected with or an official function of Wichita State University or the WSU Intercollegiate Athletic Association, Inc.

Signature _____

(If you are under the age of 18 you must have a parent or legal guardian sign.)

Parent/Guardian _____ Emergency Phone # _____

Parent/Guardian Signature _____ Date _____