

Shocker Throws Camp 2010

Come learn from the Shockers!!!

Campers will learn throwing technique, drills , and training from Wichita State Throws coach John Hezendorf as well as current and former shocker throwers. Throwers of all ages and experience levels will benefit from this camp. The camp will cover all throws: Shot Put , Discus, Javelin, and Hammer throw.

Hope to see you this July!!!!!!

Any questions, contact: John Hetzendorf

Phone: 316-978-5546

If you have implements

(Shots javelins discus) bring them

ADDRESS SERVICE REQUESTED

Shocker Throws Camp
Wichita State Track Office
1845 Fairmount Box 18
Wichita, KS 67260-0018

WICHITA STATE UNIVERSITY
TRACK & FIELD

Shocker Throws Camp



July 13-16, 2010

Phone: 316-978-5546

Fax: 316-978-3388

Shocker Throws Camp 2010

Camp Goals

The Shocker Throws Camp is designed to educate young athletes about how to become a better thrower and introduce new throwing events such as hammer. Our goal is to provide a FUN, exciting environment to learn how to be the best thrower you can be. Our camp will provide instruction on techniques, drills, and training for all throwing events. Come out and train with the Shockers and have a great time learning how to be a better thrower.

Daily Activities

- Dynamic Warm Up—Throwing Session Skills and Drills
- Instructional talks—Topics Include:
Nutrition, Goal Setting, Visualization, Weightlifting, Training Principles, and More
- Video Analysis
- Training Instruction— Weightlifting and Medicine Ball
- Team games include:
Ultimate Frisbee, Kick Ball, and More!

Camp Director

John Hetzendorf

Wichita State Throws Coach 2000-2010

Coached numerous Conference Champions & National Qualifiers

Coached athletes to 12 school records

2x All-American

Competed in 3 Olympic Trials

Represented the USA in the 2005 World Championships



OPEN TO ATHLETES AGES 12-18

All camps and clinics will begin and end at Cessna Stadium

Shocker Throws Camp dates:

Tuesday, July 13, 2010 – Friday, July 16, 2010

Meet at NW corner of Cessna Stadium

Registration 7:00am - 7:30am Tuesday

Camp 9am - 3pm Tuesday thru Friday

Camp Tuition

\$175.00—Individual Day Camper

\$325.00 – Individual Overnight Camper

* \$25 discount to teams with 5 or more campers

• TO RESERVE A SPOT PLEASE SEND
REGISTRATION FORM AND A \$100 DEPOSIT BY
JULY 7, 2010

• REGISTRATIONS RECEIVED AFTER JULY 7 WILL
BE TAKEN ON A CASE BY CASE BASIS

• FULL PAYMENT IS DUE UPON CHECK IN ON
TUESDAY, JULY 13, 2010

WICHITA STATE

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PARENT'S HOME PHONE _____

WORK or CELL PHONE _____

FAMILY MEDICAL INSURANCE COMPANY:

POLICY #: _____

AGE _____ GRADE _____

T-SHIRT SIZE (check one)

ADULT: ___ S ___ M ___ L ___ XL ___ XXL

I verify that my child/ward has been checked by a licensed physician and is physically able to participate in the Shocker Throws Camp. I understand that participation in the camp will involve instruction in the sport of track and field 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 my child/ward being able to participate in the Shocker Throws Camp, I hereby agree and promise that I will not hold Shocker Throws Camp nor its employees responsible for any loss, damages, or personal injury received as a result of my child/ward's participation or the conduct of camp directors and/or employees, including negligence. I hereby authorize the directors of the Shocker Throws Camp to act for my child/ward according to their best judgment in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow my child/ward 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 is operated by John Hetzendorf and is not operated by, connected with or an official function of Wichita State University or the WSU Intercollegiate Athletic Association, Inc.

_____ Date: _____

Parent/Guardian Signature

Mail registration to address below. Make checks payable to:
John Hetzendorf

\$175.00 Per Individual Day Camper

\$325.00 Per Individual Overnight Camper

*\$25 Discount to teams with 5 or more campers

SHOCKER THROWS CAMP WSU—TRACK OFFICE

1845 FAIRMOUNT BOX 18

WICHITA, KS 67260-0018

Phone: 316-978-5546

Fax: 316-978-3388

Email: jhetzendorf@goshockers.com