

MANCHESTER IRON THROWS CLUB
Summer Shot Put and Discus Technique Training

The **Manchester Iron Throws Club** is a group that promotes a **positive, confidence-building competitive spirit** with a **learning/problem solving mindset.**

Technique and improving **Throws** are emphasized in our workouts and lessons. We'll practice Shot Put (glide and spin) and Discus spin.

In June and July we'll practice **once weekly** on 5 Sundays at Manchester High School from 11:30-12:45 pm, to work on technique and competitive concepts to make you a stronger, more technically efficient and better thrower.

Manchester Iron Throws Club:

COST \$80-Venmo @Allen-Bayuk

Checks make payable to Allen Bayuk or Cash

ALL Payment due on 6/18

***We may compete in one or two meets as well. Dates TBA. You must pay your own entry fees.**

***Practices will be in June and July. (5 practices) 6/4, 6/18, 7/9, 7/16, 7/30**

****Time and Place: 11:30 to 12:45 pm at Manchester H.S. Throws Area**

*****Inclement weather dates-TBD**

If you are interested please Contact:

Throws Coach Allen Bayuk

coachbthrows@yahoo.com

(804) 836-9461

Manchester Iron Throws Club Information

(Please print this form and the club waiver form, write legibly and turn in on June 4 with your payment).

Athlete Name, Grade and Date of Birth:

Parent/Guardian Name(s):

Food Allergies:

Email address:

Phone number:

****Shirt Size: S, M, L, XL, XXL, XXXL-SPECIFY MEN'S or WOMEN'S Thank you:**

Size _____

Men's _____

Women's _____

Manchester Iron Throws Club Waiver

I give Allen D. Bayuk and his staff permission to work with my child and teach him or her fundamentals and advanced techniques of throwing the shot put and discus. While doing this I realize that my child may have to run, sprint, jump, lift weights or do other physically challenging exercises. I also realize that the most important teaching elements to the staff are proficiency, consistency, improvement and a positive attitude.

I, _____, release Allen D. Bayuk, his staff and this facility and/or the school district in which they are working from liability in the event of an accident or injuries possible with a sport like track and field. In case of injury, my family insurance plan covers my child/children. I also realize that Coach Bayuk and the clinic staff are extremely diligent in their safety practices and keenly observant and aware during training sessions. My child and I understand the potential dangers of participating and we realize that proper safety practices are expected and required at all times.

Parent/Guardian Printed Name/Signed Name /Date:

Printed name: _____

Signed: _____

Date: _____

Emergency Number: _____