



SASKATCHEWAN ATHLETICS CLINICS

GRASSROOTS (RUN JUMP THROW, GRADE 2-6)

Run Jump Throw (RJT), the grassroots development program for our sport, is designed to introduce children ages 7-12 to the **FUNDamentals** of running, jumping, and throwing skills using age appropriate sequential progressions. RJT builds physical literacy transferable to other sports and activities, and promotes a fun, safe, and active learning environment for children. Each RJT lesson is generally 30-45 minutes for an average group size of 30 children; can be held indoors or outdoors; and equipment is provided (RJT bag). RJT can also be adapted for children with special needs. Two clinicians are recommended to conduct a successful RJT clinic.

MIDDLE YEARS (GRADE 7-8) / HIGH SCHOOL (GRADE 9-12)

These clinics are designed for the developmental athlete wishing to gain knowledge in specific event areas. Saskatchewan Athletics' clinicians are experienced and prepared to teach and demonstrate the necessary skills across event areas including sprints/hurdles/relays, jumps (high jump, long jump, triple jump), throws (shot put, discus, javelin), and distance. Event areas of choice are covered within half or full-day clinic structure and often having repeat clinics is ideal. In addition, one specific event area can be booked to suit your individual needs. Three clinicians are recommended for this type of clinic. Clinics can be held indoors or outdoors.

FEE STRUCTURE

	ONE-TIME OR FIRST CLINIC IN A SERIES		REPEAT CLINICS	
	HALF-DAY (Up to 4 hours)	FULL-DAY	HALF-DAY	FULL-DAY
1 Clinicians	\$115.00	\$190.00	\$75.00	\$150.00
2 Clinicians	\$165.00	\$290.00	\$125.00	\$250.00
3 Clinicians	\$190.00	\$340.00	\$150.00	\$300.00
4 Clinicians	\$215.00	\$390.00	\$175.00	\$350.00

Note: Must complete in full the Club Membership Form (D-Club Category) and return to Saskatchewan Athletics. The D-Club membership entitles membership privileges such as information on upcoming events and free instructional DVD and book rentals. D-Club Memberships are valid until December 31 of each year.

AVAILABILITY

Clinics may be requested at any time subject to clinician availability.



SASKATCHEWAN ATHLETICS
 Saskatoon Field House
 2020 College Drive
 Saskatoon, SK S7N 2W4
 e-mail: athletics@sasktel.net
 web page: <http://www.saskathletics.ca>

The _____ Club applies for affiliate membership with Saskatchewan Athletics

Check the appropriate box

A Club - \$4,000 _____ Full payment _____ Partial payment _____ Club President
 We agree to pay the annual fee in 3 equal instalments due January 1, April 1 & June 1.
 We understand failure to meet these deadlines may result in suspension of services until payment is received.

B Club - \$2,000 _____ Full payment _____ Partial payment _____ Club President
 We agree to pay the annual fee in 3 equal instalments due January 1, April 1 & June 1.
 We understand failure to meet these deadlines may result in suspension of services until payment is received.

C Club - \$100 _____ Full payment **D Club - \$40** _____ Full payment _____ Club President

Club Contacts – Please Print Clearly
A Club – 3 Contacts; B Club – 2 Contacts; C Club – 1 Contact; D Club – 1 Contact
(Value of Club Contact Membership shall not exceed appropriate Membership Fee)
Please complete this form in full (INCLUDING D.O.B.) Incomplete forms will be returned

Name _____ D.O.B. ____ (D) ____ (M) ____ (YY)
 Address _____ City _____ Postal Code _____
 Phone (h) _____ Phone (w) _____ Cell _____ Fax _____
 E-mail address _____

Name _____ D.O.B. ____ (D) ____ (M) ____ (YY)
 Address _____ City _____ Postal Code _____
 Phone (h) _____ Phone (w) _____ Cell _____ Fax _____
 E-mail address _____

Name _____ D.O.B. ____ (D) ____ (M) ____ (YY)
 Address _____ City _____ Postal Code _____
 Phone (h) _____ Phone (w) _____ Cell _____ Fax _____
 E-mail address _____

Upon acceptance as an affiliate member the applicant agrees to abide by the rules and procedures of Athletics Canada and Saskatchewan Athletics as approved through their respective Rules – Laws and Regulations. Club renewals are subject to Board ratification. New clubs or clubs affiliating at different levels from previous years require Board approval

OFFICE USE ONLY

CQ CA VISA MC Cardholder name _____

Card number/expiry date _____

Cardholder signature _____