

## 2015 APPLICATION FORM

NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

HOME PHONE

E-MAIL ADDRESS

SCHOOL/BUSINESS

SPORTS TRAINING

YEARS EXPERIENCE

Clinic Fees:

Pre-registration: \$20

Day of Registration: \$25

Send Registration to:

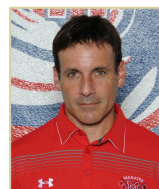
Irele Oderinde  
Director of Athletic Performance  
4202 East Fowler Avenue – ATH100  
Tampa, FL 33620

For more information:  
Phone: 813.974.7360

Day of Registration: \$25  
(May 16, 2015)

Make Checks or Money Orders Payable to:  
USF Foundations

**RICH LANSKY (Syracuse)**  
Strength & Conditioning Coach  
Manatee High School



**JOE VAUGHN (Kansas)**  
Assistant Strength & Conditioning Coach  
Tampa Bay Buccaneers



**DARL BAUER (Hillsdale)**  
Assistant Director of Strength & Conditioning  
University of West Virginia



THANK YOU TO OUR SPONSORS



UNIVERSITY OF SOUTH FLORIDA



ATHLETIC PERFORMANCE CLINIC

PRESENTED BY



ATHLETIC PERFORMANCE

ATHLETIC PERFORMANCE CLINIC

SATURDAY, MAY 16, 2015  
8:00 a.m. – 12:15 p.m.

For Coaches & Performance Specialists

## Directions to Lee Roy Selmon Athletics Center:

### From I-75:

Take Exit 265.

Continue on FL-582 W / E Fowler Ave

Take a Right on USF Bull Run Drive heading North

Take a Left on USF Elm Drive heading west.

Park at Lee Roy Selmon Athletics Center

### From I-275:

Take Exit 51.

Continue on FL-582 E / E Fowler Ave

Take a Left on USF Bull Run Drive heading North

Take a Left on USF Elm Drive heading west.

Park at Lee Roy Selmon Athletics Center

## Hotel Accommodations:

### Hyatt Place Tampa/Busch Gardens

11408 N. 30<sup>th</sup> Street

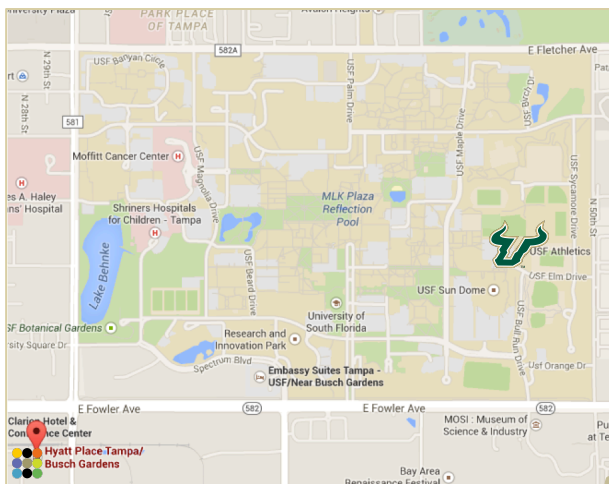
Tampa, FL 33612

813.979.1922

888.509.4766



Group Code: USFQ



## CLINIC ITINERARY:

7:00-7:55	Open Registration & Check-in
8:00-8:15	Opening Remarks
8:20-8:50	Joe Vaughn / The Professional Athlete – Training and the Relationship
8:55-9:45	Exhibitor Presents Power Plate Williams Strength Vertimax
9:55-10:25	Break Visit Exhibitors
10:25-10:55	Darl Bauer / Train the Cylinder: Minimize Concussive Forces
11:00-11:30	Rich Lansky / Training the High School Athlete
11:35-12:00	Closing Remarks, CEU Certificates



I, \_\_\_\_\_, understand there are risks in the use of the University of South Florida's athletic training facilities, strength and conditioning facilities, services of the athletic trainer and strength and conditioning coach, and participation of physical therapy and strength and conditioning activities at such facilities, which may include athletic facilities managed by the Sun Dome, Inc. I am voluntarily assuming the responsibility for any such risks and for the use of the University of South Florida athletic training and strength and conditioning facilities, and services provided by athletic training and strength and conditioning staff for myself and for any persons, groups or organizations under my direction. In consideration for permission to use the University of South Florida or Sun Dome, Inc. athletic facilities, I hereby waive and release the University of South Florida, the Board of Trustees (or any other entity designated by Florida law to manage, operate and/or oversee the University of South Florida), and Sun Dome, Inc. and each of their respective officers, agents, employees, and any students acting on behalf of either the University of South Florida or the Board of Trustees and the heirs, assigns or successors in the interest of any and each of them from any and all damages, claims loss of liability which may result or arise from my participation and/or usage of the facilities. Further, I agree to be fully responsible for and to indemnify, defend and hold the University and Sun Dome, Inc. harmless from any personal injury or property damage caused by my actions or omissions or for the acts or omissions of any persons, groups or organizations under my direction. If any portion of this release is held to be illegal, unenforceable, or in conflict with any court of the competent jurisdiction, the remaining portions of this release shall not be affected. In addition, I understand and agree that the University of South Florida can terminate my utilization of the facilities at any time for any reason.

Signature

Date

**ATHLETIC PERFORMANCE CLINIC**

**SATURDAY, MAY 16, 2015**

**8:00 a.m. – 12:15 p.m.**