



2018 Track & Field Clinics

The UW-La Crosse Track & Field Program would like to invite high school and middle school track athletes to join our coaching staff and athletes to a one-day clinic designed to enhance your skills in your specific event. This clinic is open to all athletes, and all skill levels. Camp staff will work with you, in your specific event, to grow your skills!

	<u>Pole Vault Clinic</u>	<u>General Clinic</u>	<u>Elite Clinic</u>
WHO:	Athletes Grades 7-12	Athletes Grades 9-12	Athletes Grades 9-12
WHEN:	Sunday, February 18 th	Sunday, February 25 th	Saturday, March 17
TIMES:	12pm – 6pm	12pm – 6pm	12pm – 6pm
COST:	\$50 thru Feb 15 \$75 after Feb 15	\$50 thru Feb 22 \$75 after Feb 22	\$100 thru March 9 \$125 after March 9
DESCRIPTION:	Specialized clinic to teach vault progressions, and skills necessary for development. Highly technical coaching in a fun and safe environment.	Clinic offers instruction for skill Development to help progress all track and field athletes of all skill levels in all events, except <u>no pole vault offered.</u>	Clinic is designed for the high level athlete who is serious about competing at the highest level possible. Each event has limited space available.
WHERE:	All 3 clinics are hosted in our Mitchell Hall fieldhouse		
INCLUDED:	Camp T-shirt		
WHAT TO BRING:	Indoor workout clothes, Pole Vault Poles (for Pole Vault or Elite Clinic only) Training shoes & Event shoes (1/4 inch pyramid spikes allowed – NO spikes in high jump shoes)		
CAMP STAFF:	All camps will be staffed by our UWL College Coaches, and UWL Track & Field Athletes		
REGISTRATION:	Please register in advance at: www.uwlcamps.com OR by filling out the registration form and sending it in. Registration and payment at the site the day of is acceptable, however pre-registration guarantees the you will have a t-shirt available for you.		

ALL COACHES ARE INVITED TO ATTEND ANY OF THE CLINICS AT NO COST!

Visit uwlcamps.com for online registration, printable registration, and more information!

2018 TRACK & FIELD CLINICS

Registration Form



Please print clearly. We cannot process incomplete registrations.
All information requested must be provided.

Participant's Full Name: _____

Grade: _____ Age: _____ Gender: _____ T-Shirt Size (adult size): S M L XL XXL

Second Participant's Full Name: _____

Grade: _____ Age: _____ Gender: _____ T-Shirt Size (adult size): S M L XL XXL

Address: _____

City/State/Zip: _____

Emergency Contact Name: _____

Emergency Phone: _____ Emergency Alternate Phone: _____

Email (necessary for confirmation and camp communication): _____

Special needs for participant(s): _____

Camp Sessions Attending (Check all that apply):

<input type="checkbox"/> Pole Vault	<input type="checkbox"/> General Clinic*	<input type="checkbox"/> Elite Track & Field*
Sunday, Feb 18	Sunday, Feb 25	Saturday, March 17
\$50 thru Feb. 15 \$75 after Feb. 15 <small>No Pole Vault Available</small>	\$50 thru Feb 22 \$75 after Feb 22	\$100 thru March 9 \$125 after March 9 <small>Registration NOT available day of clinic</small>

* I wish to participate in:

- | | | |
|--------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> High Jump | <input type="checkbox"/> Shot Put | <input type="checkbox"/> Hurdles |
| <input type="checkbox"/> Long Jump | <input type="checkbox"/> Discus | <input type="checkbox"/> Pole Vault
(available at Elite
Clinic & Pole Vault
Clinic only) |
| <input type="checkbox"/> Triple Jump | <input type="checkbox"/> Sprints | |

Amount Enclosed: \$ _____

Check enclosed, made payable to: *UW-La Crosse*

Return form to:
*UW-La Crosse Athletic Camps & Clinics
25A Mitchell Hall
1725 State St.
La Crosse, WI 54601*

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Parent/Guardian Signature: _____

Date: _____