



2019 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 Specialists</u>	<u>Eagle Throws Clinic</u>	<u>Camp of Champs</u>
WHO:	Athletes Grades 9-12	Athletes Grades 9-12	Athletes Grades 9-12
WHEN:	Sunday, March 3 rd	Sunday, March 24 th	Sunday, March 17 th
TIMES:	12pm – 5pm	9am-3:30pm	12pm – 5:30pm
COST:	\$75 thru March 3 \$85 on March 3	\$75 thru March 24 \$85 on March 24	\$75 thru March 17 \$85 on March 17
DESCRIPTION:	One of the top collegiate pole vault programs in the mid-west is ready to take you to new heights. Specialized clinic to teach vault progressions, and skills necessary for development. Highly technical coaching in a fun and safe environment.	Geared to the high school level shot put and discus throwers looking to learn more about these technical events. Attendees will be grouped with others in their ability range and coached by current UWL Athletes along with other high level coaches.	With 36 National Team Titles you will be in good hands at UWL's Track and Field Camp of Champs Pre-season Clinic. Get hands on training from UWL Track and Field Coaches and Athletes that will set the foundation for a superb competition season.
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 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!

2019 TRACK & FIELD CLINICS

Registration Form



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

Participant's Full Name: _____

High School: _____ Coach: _____ Coach's Email: _____

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

Second Participant's Full Name: _____

High School: _____ Coach: _____ Coach's Email: _____

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"/> Eagle Throws	<input type="checkbox"/> Camp of Champs
Sunday, March 3	Sunday, March 24	Sunday, March 17
\$75 thru March 3	\$75 thru March 24	\$75 thru March 17
\$85 on March 3	\$85 on March 24	\$85 on March 17
<small>No Pole Vault Available</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
<input type="checkbox"/> Triple Jump	<input type="checkbox"/> Sprints	(available at Elite Clinic & Pole Vault Clinic only)

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: _____