

**WHAT**

UW-La Crosse Track & Field Learn By Doing Clinic

**WHERE**

Mitchell Hall Field House  
University of Wisconsin-La Crosse

**WHEN**

Saturday, March 8, 2008  
Late Registration: 8:30 - 9:00 a.m.  
Clinic begins: 9:00 a.m.  
Clinic Concludes: 3:30 p.m.

**WHO MAY ATTEND**

Open to all High School students. Coaches are also welcome and will be admitted free with the registration of an athlete.

**TYPE OF CLINIC**

This is a developmental clinic to help you to become a better athlete or coach. The clinic is designed to teach progressions, offer constructive criticism, and give you assistance in workout development.

**DEADLINE FOR PRE-REGISTRATION**

Must be received by Friday, March 7, 2008

**COST**

Pre-registration \$45.00  
Registration the day of camp \$50.00

**WHAT IS INCLUDED IN THE CLINIC**

- Instruction
- Lunch
- Excellent staff and counselors
- T-shirt to all registrants

**WHAT TO BRING**

- Workout Clothes
- Lock for your locker
- Indoor Shots and Discus
- Distance runners should bring running gear for outside

**SHOES**

NO SPIKES will be allowed

**EMERGENCY TELEPHONE**

(608) 785-8061 is the telephone number of our campus security.

**CLINIC SCHEDULE**Morning Session Includes:

Triple Jump	Shot Put
Girls High Jump	Distance
All Sprints	

Afternoon Session Includes:

Discus	Long Jump
Boys High Jump	Distance
Hurdles	

9:00 – 11:45 – 1<sup>st</sup> session

11:45 – 1:15 – lunch

1:15 – 3:30 – 2<sup>nd</sup> session

**ADDITIONAL INFORMATION**

If, after reading this brochure you still have questions, feel free to contact:

Bill DeVoe  
Co-Clinic Director  
(608) 847-5274  
[mhsctnf@mchsi.com](mailto:mhsctnf@mchsi.com)

**CLINIC REGISTRATION FORM**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_

Current Year in High School \_\_\_\_\_

I wish to participate in

_____ Hurdles	_____ High Jump
_____ Sprints	_____ Distance
_____ Long Jump	_____ Discus
_____ Triple Jump	_____ Shot Put

Enclosed please find my \$45.00 registration fee for the One Day Track and Field Camp. I understand that this fee is **NON-REFUNDABLE**

**Checks payable to: UW-La Crosse Track**

**Parent or Guardian Sign Below:**

I, \_\_\_\_\_,

Give permission for my son/daughter to be treated for an injury sustained at the UW-La Crosse Track Clinic. I understand that all expenses are my responsibility as parent/guardian.

**Return Form To: Pat Healy**

**UW-La Crosse  
155 Mitchell Hall  
1725 State St.  
La Crosse, WI 54601**