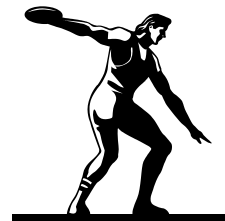




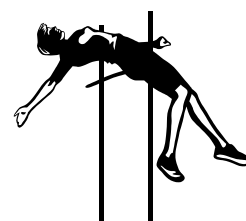
# UW-Whitewater Annual Learn-By-Doing Clinic 2010



**Where:** UW-Whitewater Kachel Fieldhouse  
**When:** **Sunday Feb. 21, 2010**  
**10AM-3:30PM** (registration starts at 9:30am)  
**Who:** All high school athletes and coaches  
**What:** Instruction for beginner through advanced athletes

## Learn-By-Doing Events

Throws (shot put & discus)  
Long Jump/Triple Jump  
High Jump  
Pole Vault  
Hurdles  
Sprints  
Mid-Distance with pool workout included (bring your swimsuit!)  
[\\*Hy-Tek Training](#) with master timer Jon Krupa (Pre-Registration Required)\*



**UW-Whitewater's annual Learn-By-Doing clinic will return once again this February, bigger and better than ever! This year, we are proud to be providing a follow-up panel discussion with several UW-Whitewater ALL AMERICANS!!**

**Cost:** Includes registration, snack and dry-fit T-shirt  
**\$40.00 - Early Registration (until Feb.1)**  
**\$45.00 – Pre-Registration (Feb. 2-17)**  
**\$60.00 – On-site registration (Feb. 21)**

**Bring:** Shots, discs, poles, shoes (NO Spikes will be allowed)  
Coaches and parents are welcome to observe at  
no cost, no video please.



**Contact Kara Meissen for further information.**

[krumenak@uww.edu](mailto:krumenak@uww.edu), 262-472-5232

In the event of inclement weather, please check [www.warhawktrack.com](http://www.warhawktrack.com) for any announcements the morning of the event.

**Registration form on second page**

# Permission Registration and Agreement

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

AREAS OF INTEREST \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

Mail full payment and completed form to

**Kara Meissen**  
**Roseman Building 2054**  
**UW-Whitewater**  
**800 W. Main St.**  
**Whitewater, WI 53190**

Please make checks payable to **Kara Meissen**. Registration fee is non-refundable. Please do not mail pre-registration forms after **Feb. 17.**

Schedule:      Registration    9:30am-10:00am  
                         Introduction    10:00am-10:15am  
                         Session I        10:15am-12:15pm  
                         Break            12:15pm-1:00pm  
                         Session II      1:00pm-3:00pm  
                         Follow-up      3:00pm-3:30pm

## Agreement

I, the undersigned, give permission for my son/daughter to be treated for an injury sustained at the UW-Whitewater LBD Clinic. I hereby expressly assume all risk of injury that could occur by participating. I also understand that all expenses are my responsibility as a parent/guardian.

Parent Signature \_\_\_\_\_

For more information, contact Kara Meissen at 262-472-5232 or  
krumenak@uww.edu.