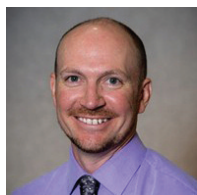


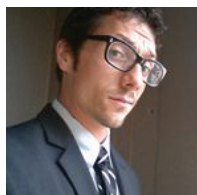
Track & Field Coaches Clinic

Date: Sunday, November 10, 2013
Site: University of Dubuque
Mercer Birmingham Hall
(Across from Indoor/Outdoor Track Complex)
Time: 9am – Registration
First Clinic Session at 9:45am
Fee: \$55/Coach or \$200/Staff (up to 8)
Includes: Notebook, Lunch, Prizes
Due: Friday, October 25, 2013

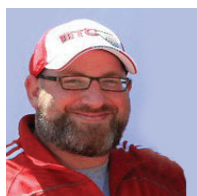
Featured Speakers:



Eric Schueffner
University of Wisconsin-Whitewater
Assistant Coach - Multis, Jumps,
Mid-Distance
USTFCCCA DIII Assistant Coach of the Year



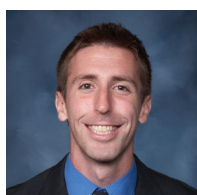
Josh Hurlbaeus
Carroll University
Assistant Coach - Sprints, Jumps, Hurdles
USA Indoor Qualifier / 4x all-American



Joseph Frontier
Madison Memorial High School
Head Track & Field Coach - Throws
Founder/Director - Madison Throws Club



Joel Janecek, MS
University of Dubuque
Assistant Coach - Hurdles, Horizontal Jumps
4x NCAA all-American



Geoff Gundlach
University of Dubuque
Assistant Coach - Distance
National Qualifier

Practice Plan:

9am-9:30am	Registration Refreshments available
9:45am	Session 1 Team Session Changing Athletes Fears into Opportunities
10:30am	Session 2 Sprints Breakout Throws Breakout Distance Breakout
11:45am	Session 3 Horizontal Jumps Breakout Throws Breakout Distance Breakout
12:45pm	Lunch, PROVIDED
1:15pm	Session 4 Sprints Breakout High Jump Breakout Hurdles Breakout Throws Breakout Pole Vault Breakout (if registration calls for it)
2:30pm	Closing/Door Prizes/ Q&A with Clinic Staff

To Register: Please fill out and return the Registration form on the back of this flyer by **October 25, 2013.**

Visit www.dbq.edu for more information.

UNIVERSITY of DUBUQUE

Please fill out and return this registration form by Friday, October 25, 2013

First Name _____ Last Name _____

Email Address (work) _____ Email Address (personal) _____

Phone (Cell) _____ Phone: (Home/Office) _____

School _____

Position (choose one): Head Coach Assistant Coach Official Other _____

Event(s): Throws Sprints Jumps Hurdles Distance Pole Vault

Years Coaching: Youth _____ High School _____ College _____ Total Years Coaching _____

SINGLE COACH PRE-REGISTRATION - \$55 (includes lunch and notebook) \$65 Late/Day of

COACHING STAFF PRE-REGISTRATION ONLY (Up to 8 coaches) - \$200

Must pay Single Late/Day of Registration Fee if NOT Pre-Registered

List Staff Members and Positions:

2 Name _____ Position _____

3 Name _____ Position _____

4 Name _____ Position _____

5 Name _____ Position _____

6 Name _____ Position _____

7 Name _____ Position _____

8 Name _____ Position _____

*ATTENTION – Each Staff Member will also need to fill out a registration form.

University of Dubuque (UD) – Track & Field Coaches Academy – Hold Harmless/Waiver/Release of Liability

Each coach/official must complete this form prior to participation in the UD Track & Field Coaches' Academy. Please read this form carefully and be aware that you will be waiving and releasing all claims for any injury/illness sustained during this activity.

As a participant, I certify that I am physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the participant as well as permission to transport to a medical facility in the event of injury.

The University of Dubuque does not carry medical insurance for injuries/illness sustained arising out of this activity. It must be noted that the absence of health insurance coverage does not make UD responsible for payment of medical expenses.

In consideration for involvement in the UD above named activity, I agree to assume all risk and fully release from all liability UD, members of the University community, its directors, officers, trustees, agents, servants and employees for any injuries including death, damages or loss of severity which I may sustain as a result of participating in this activity.

I agree to waive and relinquish all claims I may have against the UD community, its directors, officers, trustees, agents, servants, and employees, as a result of participating in this activity.

I further agree to indemnify and hold harmless UD, members of the UD community, its directors, officers, trustees, agents, servants, and employees from any and all claims from injuries/illness including death, damages and losses sustained by me stemming from or in any way associated with my participation in this activity. This will include holding the University of Dubuque harmless from negligence on the part of the University of Dubuque.

I certify by signing the Hold Harmless/Waiver/Release of Liability Agreement that I agree to ALL terms listed above.

Participant Name (PRINT PLEASE) _____ Date Signed: ____ / ____ / ____

Participant Signature _____

PLEASE MAKE CHECKS PAYABLE TO: University of Dubuque

PLEASE RETURN REGISTRATION FORM AND FEE TO:

University of Dubuque, Track & Field Office, 2000 University Avenue, Dubuque, IA 52001