



UNIVERSITY OF DUBUQUE

Track & Field

Academy

Develop | Improve | Excel

Two-Day Academy

Sundays from 9:00 a.m. - 1:00 p.m.

*Day 1 check-in 8:30 a.m.

January 10, 17, 2016

Academy Price

\$95 Per Person

What to bring

- Athletic Apparel
- Running Shoes
- Event Shoes/Spikes
- Implements (indoor shots/discs)
- Pole vault poles
- Water bottle
- Writing utensil (pen/pencil)

T-Shirt/Training Manual Provided

Academy Director

Kate Striepe

Director of Operations

Track & Field | Cross Country

University of Dubuque

Office: 563.589.3714

Email: KStriepe@dbq.edu

Event Education and Video Analysis

Academy Schedule (Day one check-in at 8:30 a.m.)

9:00 a.m.	Classroom/Video Session
10:00 a.m.	Event Training Session
11:00 a.m.	Break/Snack
11:15 a.m.	Event Training Session
12:00 p.m.	Strength Training Education
12:45 p.m.	Cool Down/Recovery
1:00 p.m.	Dismissal

Academy Staff

- Chad Gunnelson, Director of Track & Field | Cross Country
E: CGunnelson@dbq.edu M: 608.658.6538
- Geoff Gundlach, Head Cross Country Coach
E: GGundlach@dbq.edu M: 608.669.1115
- Jake Malm, Throws Coach, Recruiting Coordinator
E: JMalm@dbq.edu M: 701.739.1274
- Evan Zurbuchen, 400M and Hurdle Coach
E: EZurbuchen@dbq.edu M: 608.332.9926
- Davivorn Dowe | Sprints Coach
- Rick Valcin | Pole Vault Coach

REGISTER BY FRIDAY, JANUARY 1, 2016

**We will allow day of registration, but we ask that you PLEASE contact us prior to coming via email.*

**Shirt size is NOT guaranteed if registration is received after the deadline.*

How To Register:

Please fill out the registration form on the back and the Academy waiver, return with fee via mail to the address provided below.

It is very important to write legibly and include all information requested. Please note, we will accept day of registration but prefer that you register early or contact us prior to attending.

MAKE CHECKS PAYABLE/MAIL TO:

University of Dubuque
ATTN Karla Weber
2000 University Avenue
Dubuque, IA 52001



Registration Form

University of Dubuque 2016 Track & Field Academy

First Name: _____ Last Name: _____ Age: _____

Home Address: _____

City/State/Zip: _____

Athlete Cell: _____ Parent/Emergency Contact Number: _____

Email Address: _____ High School: _____

EVENT PARTICIPATING IN (choose one only): SPRINTS JUMPS HURDLES VAULT THROWS DISTANCE

Unisex T-Shirt Size (choose one): S M L XL XXL XXXL

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

Each participant's parent/guardian must complete this form prior to their son/daughter's participation in the UD Track & Field 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 by your son/daughter.

- As the parent/guardian of the participant, I certify that he/she is physically/mentally able to participate in this activity. Furthermore, permission is hereby granted to UD to provide necessary first aid treatment for the camper 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 the participant's 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 my child 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 my child 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.

Parent/Guardian Name (PRINT PLEASE): _____ Date Signed: ____ / ____ / ____

Parent/Guardian Signature (REQUIRED): _____

Mail form AND waiver to: University of Dubuque – Attn: Karla Weber – 2000 University Avenue – Dubuque, IA 52001