



K.A.T.—Knights Athletic Training

K.A.T. is an athletic enhancement program for students going into 7th -12th grade that includes all the tools necessary to build a well rounded athlete. We will meet at the West Central Area Secondary School. The K.A.T. program will run a total of 1.5-2 hours every Monday, Wednesday, and Friday for 8 weeks that include:

- Pre and Post-testing of flexibility, strength, vertical jump, speed, and agility
- 15 minutes dynamic warm up
- 15-20 minutes of core strength
- 20 minutes of speed enhancement
- 60 minutes of weight training

K.A.T. includes a jump training program that focuses on a proper jumping and landing technique while enhancing physical performance. This is an excellent program for both boys and girls!



Pre-test Date

June 7th or 9th from 7:30 am-10:30 am

Class Dates

June 7 – July 30 (Mon, Wed, Fri)
7:30 am-9:30 am

Post-test Date

July 30th and August 2nd
7:30 am-10:30 am

Cost: \$75.00, WCA Schools (K.A.T.)
Includes t-shirt

Mission:

The WCA athletic training program is a comprehensive, researched, and systematic approach that addresses all of the vital components in achieving optimal athletic performance, as well as enhancing lifetime fitness. This program is designed with one purpose in mind; to help you become a better athlete and to meet your optimal fitness goals.

Note: Your optimal fitness goals are strength, cardiovascular and muscular endurance, and flexibility.

If you participate in our program you will develop better strength, cardiovascular and muscular endurance, and flexibility.

If you have any questions of concerns please call or email Luke Erickson or Brandon Gruchow at:

School: 320-528-2520
Email: lerickso@wca.k12.mn.us
bgruchow@wca.k12.mn.us

Strength Training Sessions at WCASS

June 7 – July 30

MONDAY—WEDNESDAY—FRIDAY

7:30 am – 9:30 am

You must be on time for these sessions. You will not be allowed to strength train if you're late for warm ups. ***There will be no exceptions whatsoever.***

REGISTRATION FORM

(RETURN THIS PORTION OF THE FORM
AND RETURN IT TO THE SUPERVISOR)

STUDENT NAME

ADDRESS

GRADE

HOME PHONE #

I agree to follow all the rules, policies, regulations, and safety procedures for this program, releasing any and all claims, demands, and causes of action which you may have or anyone may have through you against West Central Area School District and/or any parties involved:

SIGNATURE OF STUDENT

DATE

I hereby acknowledge and grant my child permission to participate in our Knights Athletic Training (K.A.T.) Program. I further understand and acknowledge that neither West Central Area School District nor any parties involved shall have any responsibility or liability for loss or damage of stolen personal property.

SIGNATURE OF PARENT/GUARDIAN

DATE