



**K.P.E.E.**  
**Knights Physical**  
**Education Enrichment**

K.P.E.E. is a program for students going into 5<sup>th</sup> and 6<sup>th</sup> grade. We will meet at the West Central Area Secondary School. K.P.E.E. will include fun ways to get stronger, jump higher, run faster....and stay injury free.

- 15 minutes dynamic warm up
- 15-20 minutes of core strength
- 20 minutes of resistance exercise
- 30 minutes of recreational games

**Class Dates**

June 14 – July 29  
(Tuesdays & Thursdays)  
8:00 am-9:00 am

**Cost:** \$30.00, WCA Schools (K.P.E.E.)  
Includes t-shirt

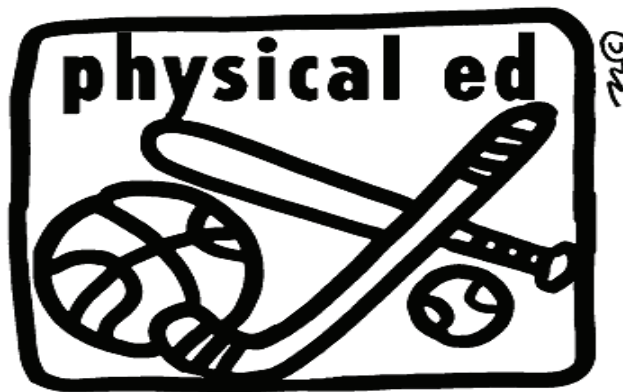
**\*\*Limited to first 30 boys and girls to register and pay.\*\***

**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](mailto:lerickso@wca.k12.mn.us)  
[bgruchow@wca.k12.mn.us](mailto:bgruchow@wca.k12.mn.us)

**Sessions at WCASS**  
**June 15 – July 29**  
**TUESDAYS AND THURSDAYS**  
**8:00 am – 9:00 am**

Please be on time

**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