

# CampVaultitude

Summer Track Camp 2019

**MANDATORY MEETING:**

Thursday May 23<sup>rd</sup> 2019

Mickey Florence Indoor Facility

6:30pm

Camp begins Mon June 3<sup>rd</sup>

Practice Days: Mon, Tues, Thurs

Pole vault only

Beginners 8am-10am

Advanced 10am-12pm

Multis/single events 6:30pm-8:30pm

This camp is for incoming 7<sup>th</sup>-12 graders. Practice location will be announced. All practices will begin June 3<sup>rd</sup>. Pole vault will be two groups at 8am and 10am athletes will be assigned to a group. Distance workouts will be at 6am. All other running workouts will be at 6:30pm. A copy of your birth certificate is required. Please take a picture of it and email it to me with the athlete's name in the subject line.

\_\_\_\_\_ \$500 single event (only PV/only distance or individual events)

Please list events:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$650 multis(pent/dec/hep)

Make checks payable to:

Club Vaultitude

## Wavier and Release form

I certify that my child is in good health and able to participate in Camp Vaultitude. I give my approval for the below named child's participation in any and all activities of the program. I authorize the representatives of Club Vaultitude to provide emergency medical services that may be required due to an injury during activity at or for Club Vaultitude. I understand that the participation is entirely my own choice and with the understanding that there are risks and possibility of accidental injury, paralysis and even death in any activity involving unusual motion or height. I hereby forever waive, and forever release and discharge Club Vaultitude, its representatives, Rockwall ISD, all pole manufacturers and Collin County from all liability for any and all damages and injuries suffered by the participant in connection with said use of the aforementioned equipment, instructors, and facilities. Club Vaultitude is not responsible for anything that happens before or after the students designated workout. I hereby verify that I have read and understand and accept each of the above policies and conditions shown by my signature below.

\_\_\_\_\_  
Athlete's Name:

\_\_\_\_\_  
Signature of Parent/Guardian:

\_\_\_\_\_  
Printed Name of Guardian/Parent:

For specific questions please contact:  
Toby Howell:214.417.5691  
Clubvaultitude@gmail.com

REGISTRATION FORM: Due by May 23<sup>rd</sup>

First name: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Age now \_\_\_\_\_

US Citizen? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

ST \_\_\_\_\_ Zip: \_\_\_\_\_

Home ph #: \_\_\_\_\_

Cell/Work ph# \_\_\_\_\_

Email: \_\_\_\_\_

USATF # \_\_\_\_\_

Shirt size:

YS YM YL AS AM AL AXL

Short size:

YS YM YL AS AM AL AXL

Health insurance/Accident Insurance?  
Y/N Provider \_\_\_\_\_

Donations made to: Athletic Fee

Scholarships available: contact Coach Howell