

Sky Jumpers / Centerville HS, Ohio

Pole Vaulting Camp

June 11-14, 2017

Directed by Olympic Bronze medalist Jan Johnson

Program ~ Variety of activities including Pole vaulting, gymnastics, rope vaulting, ring vaulting, skill progressions, imitative exercises, vaulting drills, videotaping, movies, and other optional recreational activities..

Eligibility ~ All vaulter's, both male and female, ages 12 and up.

Coaches Education ~ Coaches who attend will receive a certificate of attendance

Location ~ Centerville HS, Centerville, Ohio

Costs / Registration ~

Commuters \$355 (have your own housing, lunch and dinner included)

Resident Campers \$495 (with room and meals)

A check for \$100 down payment should accompany your registration form. The balance of your camp fee will be due at check in. Participation in the camp is available on a first come, first serve basis. Upon receipt of your application and deposit, you will be emailed a confirmation packet with updated instructions and information regarding the camp. This information will include: a map, a daily camp schedule, camp rules and regulations and other important information. Please do not email or fax us your applications. All applications must be accompanied by a deposit check. Cost includes instruction, t-shirt, booklet, etc. Campers are responsible for their own housing.

Deadline ~ June 4, 2017

What To Bring ~

Each vaulter should bring his/her, poles, athletic tape and extra spending money. Arrangements can be made to borrow SJVSC poles for no additional charge, but we strongly recommend you bring your own, so we can see you on your equipment. We have an extensive collection of poles: all brands, lengths and weights. If you are traveling via commercial air carrier we recommend that you do not attempt to bring your own poles. If you are driving or taking the Amtrak we do recommend that you bring your poles.

Location and Transportation~

Centerville HS is located near Dayton, Ohio in South West Ohio. Please notify Matt Somerlot if you need ground transportation by calling Matt Somerlot at 1 937 902 4889 or email Matt.somerlot@centerville.k12.oh.us or

Janjohnson18@charter.net 1805 423-2363

Check In

Both residents and commuter campers should check in between 11am and 1pm Sunday June 11, 2017 at the Centerville HS stadium.

Departure

The camp ends Wed June 14, 2017 at noon please arrange your transportation accordingly.

Skyjumpers Philosophy~

We take great pride in offering a wide variety of challenging vault related activities in a fun setting. We stress step-by-step

skill development, with a safety first motto. Come prepared to make huge gains in your vaulting, make new friends, and try new stuff. Camaraderie, self respect and good clean fun are all important aspects of our system.



Sky Jumpers/ Centerville HS, Ohio Pole Vault Application

Mail application and payment to: Matt Somerlot PO Box 752013 Centerville, Ohio 45475

Name	Male	Female Age	e
Address			
City	State	Zip Code	_
Email address			
Home Phone	Fax	Area Code	
School	Grade	Best Vault	
Check Payable to: Sky Jumpers Center	erville, Oh Pole Vault camp \$100	deposit, balance due at check	in.

() Resident \$495

() Commuter (have own housing) \$355

Parental Consent / Participation Waiver

I hereby grant permission for my child to attend the Sky Jumpers / Centerville HS Vaulting Camp. I verify that my child has had a physical exam in the past year and is capable of participating in the activities related to the clinic. I agree to indemnify, hold harmless and defend Jan Johnson, Matt Somerlot their staff and/or their agents or employees from any and all liability for injury to my child as well as any injury or damage caused by my child. Should medical treatment for my child be necessary, I hereby authorize any physician or trainer selected by camp personnel to order and conduct medical or surgical procedures necessary. In addition, I hereby grant permission for Sky Jumpers to use any photography or videotape of related camp activities for advertising or educational video materials.

Health and Accident Insurance Company

Policy # _____

Parent or Guardian Signature_____

2

3

Parent or Guardian Telephone _____ Date _____