



## Sky Jumpers / Kutztown University

### Pole Vaulting Camp

July 22-25, 2018

**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. All Sky Jumpers camps are formatted to help participants pass the Pole Vault Safety Certification national test at [www.pvscb.com](http://www.pvscb.com)

**Location** ~ Kutztown University is located in Kutztown, Pa in eastern Pa about an hour north o Philadelphia.

#### Co Directors:

Ray Hoffman: 610 683-1334, [hoffman@kutztown](mailto:hoffman@kutztown) , Jan Johnson : 805 423-2363 [janjohnson18@charter.net](mailto:janjohnson18@charter.net)

#### Costs / Registration ~

Commuters \$415 (have your own housing, lunch and dinner included)

Resident Campers \$525 (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.

**Deadline** ~ July 15 2018

#### 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.

#### Check in

Residents and commuter campers should check in between 1 and 2:30pm Sunday July 22, 2018 at the Kutztown university residence hall facilities.

#### Departure

The camp ends wed July 25, 2018 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/ Kutztown University Pole Vault Camp Application

*Mail application and payment to: Ray Hoffman Keystone hall athletics dept Kutztown, Pa 19530*

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ Area Code \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Best Vault \_\_\_\_\_

Room Mate Request \_\_\_\_\_

Check Payable to: Sky Jumpers Kutztown Pole Vaulting camp

( ) Resident \$525 (room and meals)

( ) Commuter (have own housing) \$415 (does not include room or breakfast)

### **Parental Consent / Participation Waiver**

I hereby grant permission for my child to attend the Sky Jumpers / Kutztown University 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, Ray Hoffman 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

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Policy # \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Parent or Guardian Telephone \_\_\_\_\_ Date \_\_\_\_\_