



## Sky Jumpers / Centerville HS, Ohio

### Pole Vault Camp June 21-24, 2020

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 \$385 (have your own housing, lunch and dinner included)

Resident Campers \$520 (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 12 2020**

#### 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 or email Matt Somerlot: 1 937 902 4889 or email Msomerlot@gmail.com.

For information about camp methodology call or email: [Janjohnson18@charter.net](mailto:Janjohnson18@charter.net) 1805 423-2363

#### Check In

Both residents and commuter campers should check in between 11:30 am and 1pm Sunday June 21, 2020 at the Centerville HS stadium.

#### Departure

The camp ends Wed June 24, 2020 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 June 21-24, 2020**

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

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

Address \_\_\_\_\_

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

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

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

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

Check Payable to: Sky Jumpers Centerville, Oh Pole Vault camp \$100 deposit, balance due at check in.

( ) Resident \$520

( ) Commuter (have own housing) \$385

***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 \_\_\_\_\_

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