



## Sky Jumpers / Philadelphia Jumps Club Pole Vault Clinic West Conshohocken, Pa January 7&8, 2017

Co Directors: Talon Singer Villanova Pole Vault coach and Jan Johnson Olympic

Bronze medalist and former world record holder

**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 such as skating ½ pipe and high bar trampoline.

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

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

**Location** ~ Philadelphia Jumps Club 26 Portland Rd. West Conshohocken, Pa

**Costs / Registration** ~ The registration fee is \$250. 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, [www.pvscb.com](http://www.pvscb.com) information, 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.

**Registration Deadline** ~ Dec 27, 2016

**Camp Schedule** ~ Jan 7: Check in 9:30am, skills and activities all day till 9pm ...Jan 8: 10am Morning skills and activities, lunch at noon, skills and activities end 3pm.

**Meals**~ Lunch and Dinner will be provided on Saturday, and lunch only on Sunday.

### What To Bring ~

Each vaulter should bring his\her own lunch, 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.

### Skyjumpers Philosophy~

We take great pride in offering a wide variety of challenging vault related activities in a park-like 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/ Philadelphia Jumps Club PV clinic Jan 7&8, 2017**

*Mail application and payment to Talon Singer Site Director 117 Rainer Rd Plymouth Meeting, Pa 19462*

*Make Checks payable to : Philadelphia Jumps Club*

*Deadline Dec 27, 2016*

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

Address \_\_\_\_\_

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

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

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

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

**\*\*Check in Jan 7, at 9:30am , activities begin 10am ,**

**Contact Info:** Talon Singer contact info: [talen.singer@villanova.edu](mailto:talen.singer@villanova.edu) , Phone: 267 234-8600

**Parental Consent / Participation Waiver**

I hereby grant permission for my child to attend the Sky Jumpers / Philadelphia Jumps Club 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, Talon Singer, 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: \_\_\_\_\_