

# Sky Jumpers / Kutztown University Pole Vaulting Camp July 5-8, 2023

## Directed by Olympic Bronze medalist & Former WR holder 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 <a href="https://www.pvscb.com">www.pvscb.com</a>

Location ~ Kutztown University is located in eastern Pa about an hour north of Philadelphia.

#### **Co Directors:**

Ray Hoffman: 610 683-1334, hoffman@kutztown.edu ..... Jan Johnson: txt 805 423-2363 janjohnson18@charter.net

### Costs / Registration ~

Commuters \$450\ (have your own housing, lunch and dinner included)

Resident Campers \$590 (with room and meals)

A check for \$200 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 served 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 ~ June 25, 2023

#### 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 wed July 5, 2023 at the Kutztown university residence hall facilities.

#### Departure~

The camp ends wed July 8, 2023 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./ Track and field office

15200 Kutztown road Kutztown, Pa 19530				
Name		Male _	Female	Age
Address	City		StateZIP	
Email address	Phone_			
School	Grade _		Best Vault	
Room Mate Request				
Check Payable to: Sky Jumpers Ku	tztown Pole Vaulting camp.			
() Resident \$590 (room and meals)				
() Commuter (have own housing) \$	450 (does not include room or	breakfast)		
Parental Consent / Parti	icipation Waiver			
I hereby grant permission for my chechild has had a physical exam in the to indemnify, hold harmless and defeand all liability for injury to my chilmy child be necessary, I hereby authorized or surgical procedures necesor videotape of related camp activities.	ild to attend the Sky Jumpers / e past year and is capable of parfend Jan Johnson, Ray Hoffmard as well as any injury or dama norize any physician or trainer essary. In addition, I hereby graves	ticipating their staf age caused selected by ant permiss	in the activities of and/or their ago by my child. She y camp personnetion for Sky Jump	related to the clinic. I agree gents or employees from an would medical treatment for all to order and conduct
Health and Accident Insurance Con	npany			
Policy #				
Parent or Guardian Signature				
Parent or Guardian Telephone		Date		