

YELLOW JACKET POLE VAULT CAMP 2016



YELLOW JACKET POLE VAULT CAMP – All weeks of pole vault camp are open for all boy and girl entrants, ages 11-18. Camps will be held at Georgia Tech's George C. Griffin Track. The Yellow Jacket Pole Vault Camp is designed to expose young pole vaulters to the basic and advanced techniques in pole vaulting. Each camper will be exposed to and gain efficiency in the following: Progressive philosophy about pole vault techniques, pole vault drills, pole vault gymnastic drills, pole vault weight drills, pole vault running drills, and the development and improvement of pole vault technique.

CAMP DATES / TIMES: Each day 9:00 AM - 1:00 PM / \$315 per week
Week 1, MONDAY - FRIDAY, JUNE 13 - 17, 2016

REGISTRATION: Each day 9:00 AM - 1:00 PM week

- Return this application along with the medical release form.
- Same day registration is available, on 1st day of camp at 8:30am.
- Refunds are available with written request up to 1st day of registration each week. A \$50 processing fee will not be refunded.
- All camps are rain or shine events.

MAIL APPLICATION & MEDICAL RELEASE FORM TO:

YELLOW JACKET POLE VAULT CAMP
150 BOBBY DODD WAY
ATLANTA, GA 30332
(checks payable to **VIKTOR KIRILLOV**, memo – PV camp)

CLOTHING & EQUIPMENT: Wear workout clothes and running shoes. If you have pole vault spikes or poles, bring them to camp.

REGISTRATION FORM

NAME:

LAST

FIRST

NAME TO BE CALLED

ADDRESS:

CITY:

STATE:

ZIP:

DATE OF BIRTH:

/ /
MONTH DAY YEAR

BEST VAULT:

DATE:

HIGH SCHOOL:

FALL 2015 GRADE:

T-SHIRT SIZE: *Adult sizes, circle one*

XS

S

M

L

XL

PARENT/GUARDIAN:

PHONE:

circle one: Home/Work

EMAIL ADDRESS (WILL BE USED FOR CONFIRMATION):

Registration questions? Contact Viktor Kirillov: Viktor.Kirillov@gmail.com or (404) 353-3630.

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REGISTRATION WILL NOT BE COMPLETE UNTIL THIS RELEASE FORM IS SIGNED AND RETURNED

Since most of the campers attending the Yellow Jacket Pole Vault Camp are under 18 years of age, it is necessary that our doctors have parents' permission to administer treatment in the event of accident or sudden illness. *(If you are 18, this form requires your signature.)*

Name: _____
Last First Middle

Any Allergies to Medication: _____ If so, Please List: _____

Please List Any Conditions Physicians Should Be Aware of: _____

EMERGENCY PHONE NUMBERS

Person to Notify: _____

Daytime Number: _____ Evening Number: _____

I hereby authorize any medical treatment, which may be advised or recommended by the attending physician of _____ while attending the Yellow Jacket Pole Vault Camp.

PARTICIPANT'S NAME

ALL participants require INSURANCE COVERAGE for accidental injury.

PLEASE INDICATE YOUR CURRENT INSURANCE DATA BELOW

I have the required insurance

Insurance Company

Policy Number

Parent or Guardian Signature

Date

Release and Waiver of Liability (Please read carefully before signing)

I _____ (parent/guardian name) hereby authorize any medical treatment, which may be advised or recommended by the camp trainers or attending physician while attending the Yellow Jacket Pole Vault Camp. I understand that an injury may result from participation in camp related activities. I hereby release Yellow Jacket Pole Vault Camp, the coaching staff and trainers, the Georgia Tech Athletics Association and the Georgia Institute of Technology from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in such camp related activities, or while it, or, or upon the premises where the activity is being conducted. As the parent or guardian of the above listed camper, I also give permission for any emergency medical care that may be required, including transportation and I accept responsibility for the costs.

SIGNATURE

PARENT OR GUARDIAN: _____ DATE: _____