



## CAMP REGISTRATION

DATE OF CAMP YOU WILL BE ATTENDING: \_\_\_\_\_ AMOUNT INCLUDED: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ MALE or FEMALE (circle)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

Have you vaulted before? (describe training) \_\_\_\_\_  
\_\_\_\_\_

We (the parents or legal guardian of the applicant) do hereby grant permission for my child to attend a Vault High Athletics Pole Vault Camp, a pole vault Meet or a pole vault lesson or practice session held at Vault High Athletics. I - the applicant or the parents of the applicant - do hereby waive and release ANY and ALL RIGHTS and CLAIMS for damages due to injury and death that may be suffered before, during and after the clinic event, we (the undersigned) AGREE to indemnify, hold harmless and defend all liability charges or accusations against the Vault High Athletics Pole Vault Facility, Vault High Athletics, LLC, Brenda Babits and coaches John Scheiber and Joey Rauwerda or other coaches who may work for Vault High Athletics, LLC. I FULLY UNDERSTAND the act of pole vaulting is potentially dangerous by it's nature and that possible injury could occur during the course of instruction. WARNING: Sports by their very nature pose the continuous threat of injury that NO TYPE of EQUIPMENT can ensure against or prevent, ANY PERSON NOT WILLING TO ASSUME and BE RESPONSIBLE FOR THE RISK CONSEQUENCES OF INJURY SHOULD NOT PARTICIPATE. The wearing of EQUIPMENT such as helmets, pads, or other such devices, MAY HELP TO REDUCE THE RISK OF INJURY, BUT WILL NOT PREVENT IT. I verify that my child or myself (if 18 or older) has had a physical exam in the last twelve months prior to the camp, meet or practice session and has been certified by a physician to be eligible to participate in the pole vaulting event and any other related event activities. Should a medical emergency arise and we cannot be reached, we hereby authorize any certified physician, nurse or trainer selected by Vault High Athletics personnel to order and conduct any medical or surgical procedures necessary for the welfare and betterment of our child or myself (if 18 or older). By our signature, we attest to understand this waiver in it's entirety.

PARENT SIGNATURE for vaulters under the age of 18: \_\_\_\_\_

SIGNATURE OF VAULTER for athletes 18 years and over: \_\_\_\_\_

INSURANCE COMPANY (needed if child left under our supervision) \_\_\_\_\_ Policy # \_\_\_\_\_

Mail check for \$135 and entry form to:

VAULT HIGH ATHLETICS  
1229 Pion Road  
Fort Wayne, IN 46845