

ELITE SPORTZ

2720 Harmon Road Fort Worth, Texas 76177 Phone 817.999.5492 Fax 817.288.0946

www.elitesportz.com

Camps Information

Weekend Camps

How to Register

1. Fill out the online registration
2. Either Pay Online or Mail a \$100.00 Deposit*
3. Fill out and sign the Parental Consent / Liability Waiver
4. Send or Fax the Parental Consent / Liability Waiver To:

Mailing Address:

Elite Sportz

2720 Harmon Rd.

Fort Worth, Texas 76177

Fax:

817.288.0946

Please make checks payable to: Elite Sportz



*If you do not pay online we require a \$100 deposit within 48 hours and the balance of payment at sign in.

| | |
|---------------------|--------|
| 2 Day Camp Commuter | 200.00 |
| 3 Day Camp Commuter | 300.00 |
| 2 Day Camp Camper | 225.00 |
| 3 Day Camp Camper | 325.00 |
| Camp Daily Fee | 125.00 |



General Information

We try to limit our camps to 16 vaulters so please follow the registration instructions to guarantee yourself a spot. If you are flying into DFW airport we require the athlete's itinerary a week before camp so we can schedule their pickup. If you have any questions, please be sure to call at 817-999-5492.

What to Bring

1. Payment for Camp Balance
2. Towels for Shower
3. Sleeping Bag or Blankets and Pillow
4. Workout Gear Shorts, Sweats, Flats and Spikes
5. Money for Drinks and Snacks
6. General toiletries



ELITE SPORTZ

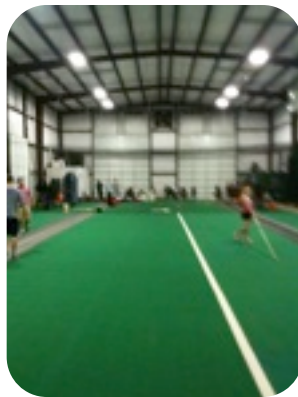
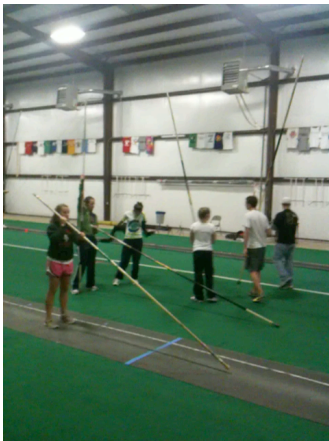
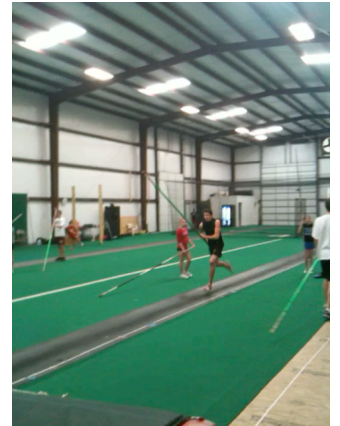
2720 Harmon Road Fort Worth, Texas 76177 Phone 817.999.5492 Fax 817.288.0946

www.elitesportz.com

Online Registration is available for all camps and activities at www.elitesportz.com

Camp Agenda

- * Introductions, Objectives, Philosophy, Rules, Facilities
- * PV Skills Assessment, Speed, Strength and Jumping Ability
- * Competition or Jump Session (Videos Taken)
- * Video Study
- * Plant Drills
- * Short Run Vaulting and Drills (1, 2 and 3 lefts)
- * Pole Vault for Height
- * Developing Your Run
- * Evening Jump Sessions
- * Logging and Knowing Your Numbers
- * Check Steps and Marks



Online Registration is available for all camps and activities at www.elitesportz.com

ELITE SPORTZ

2720 Harmon Road Fort Worth, Texas 76177 Phone 817.999.5492 Fax 817.288.0946

www.elitesportz.com

Parental Consent and Liability Waiver

STATE OF TEXAS COUNTY OF TARRANT

I, the undersigned parent or legal guardian of _____, do hereby grant permission for myself/my child to attend the Elite Vaulters Sports Complex, dba Elite Sportz at 2720 Harmon Rd. I 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 camp, practice or meet event. I (the undersigned) AGREE to indemnify, hold harmless, and defend all liability charges or accusations against the Elite Vaulters Sports Complex, Glen Dickson, George Rodriguez and any Coaches, Sponsors, or Agents connected to the Elite Sportz pole vaulting camps, practices or meets. I FULLY UNDERSTAND the act of pole vaulting is potentially dangerous by its nature and that possible injury could occur during the course of instruction. Warning: Sports by their very nature pose the continuous threat of injury which NO TYPE of EQUIPMENT can ensure against or prevent. ANY PERSON NOT WILLING to ASSUME and BE RESPONSIBLE FOR THE 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 myself/my child has had a physical examination in the last twelve (12) months prior to the participation at the and has been certified by a certified physician to be eligible to participate in the pole vaulting practices, camps, meets and any related training activity. Should a MEDICAL EMERGENCY arise and I (the parent or legal guardian) CANNOT BE REACHED (after every reasonable attempt is made to contact me, I hereby authorize any certified physician, nurse or trainer selected by Elite Sportz personnel to order and conduct any medical or surgical procedures necessary for the welfare and betterment of myself/my child. By my signature, I ATTEST TO UNDERSTAND this WAIVER in its ENTIRETY and hereby declares this for my heirs, my executors, and myself. In addition, I grant the right to use any videos or photographs of myself/my child in training related activities for the purpose of advertising or coaching/educational productions.

Date _____ signature of Father (or legal Guardian) X _____

Date _____ signature of Mother (or legal Guardian) X _____

Policy or Group # _____

Family Health & Accident Insurance Co. _____

Emergency Phone Numbers

Daytime () _____ Evening () _____ Emergency Contact Number () _____
