

2010 NDSU POLE VAULT CHRISTMAS BREAK CAMP

POLE VAULT CLINIC SESSIONS

These pole vault clinics are designed for beginners or for experienced vaulters. The clinics are great opportunities for vaulters to learn the basics of the pole vault and to have experienced eyes watch and help correct vaulting technique. Also, vaulters will get a chance to learn circuits that help enhance the specific strength needed for vaulting and a weight room session will help direct athletes into what type of strength training is needed to excel as a pole vaulter. This camp will be instructed by Shawn Francis the NDSU vault coach and currently training for the pole vault with a personal record of 17'8.75"

December 28th

- 9:00 a.m. Registration, Bison Sports Arena
- 9:15 a.m. Introduction
- 9:25 a.m. Warm-up
- 9:45 a.m. Technique work
- 12:00 p.m. Lunch Break
- 2:00 p.m. Warm-up
- 2:15 p.m. Technique work
- 5:00 p.m. End of day 1

December 29th

- 8:30 a.m. Warm-up, Bison Sports Arena
- 9:00 a.m. Technique work
- 12:00 p.m. Closing session

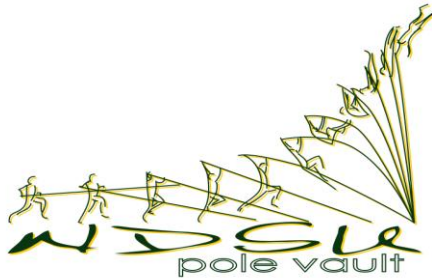
This is not an overnight camp!
Athletes will be responsible for a place to stay and all meals.



North Dakota State University does not discriminate on the basis of race, color, national origin, religion, sex, disability, age, Vietnam Era Veterans status, sexual orientation, marital status, or public assistance status. Direct inquiries to the Chief Diversity Officer, 205 Old Main, (701) 231-7708.

WAVER: ASSUMPTION OF RISK RELEASE FORM WILL NEED TO BE SIGNED PRIOR TO PARTICIPATION IN ALL CLINICS.

- What to Bring:
- Training shoes, spikes
 - Helmet
 - Water bottle
 - Notebook and pen
 - Dress in training clothes and sweats
 - Pole vault poles (I will have poles available)



Consent for Medical Treatment Consent to Participate
Validation of Insurance

I/We undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency for (print full name):

_____ a participant in a Bison track & field camp. I/We understand that I/we will be responsible for any expenses incurred on his/her behalf in connection with such treatment. I/We also authorize the camp appointed physician to execute on my/our behalf any permission slips and other appropriate documents and act on my/our behalf in I/we are not immediately available to do so.

Insurance Company _____

Contract Numbers _____

Emergency Daytime Phone Number _____
NO CAMPER WILL BE ADMITTED TO CAMP WITHOUT INSURANCE COVERAGE. Injuries are a part of training camp. It is very important that you are in good shape when you report to camp. The better shape you are in, the less likely you are to sustain an injury. If you receive a major injury, you will be returned home. There are no refunds due to injuries or illness.

As a condition of enrollment, the following disclaimer of liability must be signed and dated by the camper's parent/legal guardian: The camper, in attending the NDSU Track and Field Camp and in using any camp facility, does so at his/her own risk. The University, its Athletic Department and its staff shall not be liable for any damage arising from personal injury sustained by the camper during the camp session and so hereby fully and forever exonerate and discharge the University, the NDSU Track and Field Camp, its staff, its owners, employees and agents, from any and all claims, demands, damages, right of action or cause of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the camper's participation in the camp session and in the use of the facilities.

I certify that to the best of my knowledge, I am in good physical condition and have no disease or injury that would impair my performance in training or competition.

Camper's Signature & Date _____

Parent or Guardian Signature & Date _____

Please return to:

Stevie Keller
BISON SPORTS ARENA
P.O. BOX 6050
FARGO, ND 58108

For questions contact
Shawn Francis
Phone: 651.855.8768
Fax: 701-231-6246
Email: shawn.francis@ndsu.edu

(name)

(address)

(phone)

(e-mail)

Signature Date

Signature of Parent/Guardian

REGISTRATION FORM

- SIGN UP FOR:**
- | | |
|--|---------------|
| <input type="checkbox"/> Pole Vault Clinic | Price
\$80 |
| <input type="checkbox"/> Sibling Discount | \$70 |

***Makes Checks Payable to:
NDSU Athletics**

