

Registration Form

Hello Vaulters,

Listed below are the pole vault camps for Vault Camp 2009 this year. Anyone who would like to attend should fill out the information below to register and save a spot in camp.

Vault Camp 2009 Schedule

Western Guilford High School Greensboro, North Carolina 27410

Camp 1 June 15-17	Camp 6 July 10-12
Camp 2 June 22-24	Camp 7 July 13-15
Camp 3 June 26-28	Camp 8 July 17-19
Camp 4 June 29- July 1	Camp 9 July 20-22
Camp 5 July 6-8(In Missouri)	Camp 10 July 24-26

Camp Fee: \$250 first time, \$230 Second time, \$210 Third time, \$190 Four or more times
(Make Checks payable to Eric Morell)

Commuter Rate: \$60 less for those staying with their parent in the hotel during camp or local residents not staying in the hotel and who are driving to the camp sessions.

Will you be staying with your parents in the hotel or a commuter during camp (\$60 less)? _____
Parents: contact the Quality Inn and Suites Airport to make registrations under Vaulthouse Camp.

Camp Motel: Quality Inn and Suites Airport www.choicehotels.com/hotel/nc360
7067 Albert Pick Road Phone 336-668-3638
Greensboro, NC 27409 fax 336-668-3746

Are there any other vaulters in your camp sessions you know of that you would like to stay with and be put in your room? _____

Camp Sessions attending this year: _____ Total Cost: _____

You may reserve a spot for this coming summer by sending your tuition to Eric Morell at the address below. If for any reason you are not able to attend camp, let me know as soon as possible and your tuition will be refunded. Other vaulters wanting to go to that camp can then fill you spot.

Name: _____ Phone: _____ Age: _____

Address: _____

School: _____ Grade: _____ E-mail: _____

Any questions, please call. Home 336-292-9127 Cell 336-392-5708 esmhome@bellsouth.net

Send Payment to: Eric Morell 5729-C Bramblegate Rd. Greensboro, NC 27409

Vault Camp 2009

Risk Acknowledgement Form

To the Parents or Guardians:

I _____ acknowledge and know that there is risk involved in the pole vault and that it is a potentially hazardous activity. I understand that Vault Camp 2009 will take precautions to minimize that potential. Pole vaulters will be offered the opportunity to wear protective headgear should they so desire. I do hereby waive, release and discharge all claims of whatsoever kind which I may have, or which may hereafter arise against Vaulthouse, its proprietors, Guilford County School System, its agents or employees.

Parent Signature _____ Date _____

Emergency Treatment Form

In order for your child to receive prompt medical treatment in the event of an accident during pole vault camp, we at Vaulthouse require that we have on hand a signed statement allowing your son or daughter to be treated in emergency situations. In all situations that may occur you will be contacted and informed of any treatment that is being done. Please provide us with a contact phone number where you can be reached.

In event of my son or daughter _____ is injured and in need of emergency medical treatment, I hereby give permission for such treatment.

Parent signature _____

Home _____ Cell _____ Work _____

Insurance Company _____ Policy number _____

Emergency person if you can not be reached _____ Phone _____

Any questions please call. Home 336-292-9127 Cell 336-392-5708 esmhome@bellsouth.net

Please Sign and Return To: Eric Morell
5729-C Bramblegate Rd.
Greensboro, NC 27409