

North Central College Pole Vaulting Competition

Date:

Vault-O-Rama

Saturday December 23

Particulars:

All age group competitions will be combined. We will run a high/low bar at the same time. The vaulting competition will be conducted on a roll out runway across the gym floor. There will be a warm-up pit available for warm-up before and during the competition. The warm-up pit may **not** be used by athletes who have gone out of the competition.

Directions:

<http://www.noctrl.edu/x11364.xml>

Cost:

\$15

Check-in:

Check-in 1 hour prior to the start of the competition.

Starting Time:

The Vault-O-Rama competition will begin at 2 p.m. for all age groups. Warm-up will begin at 1 p.m. All age group competitions will be combined. We will run a high/low bar at the same time. This is a fun way to get both beginner and advanced pole vaulters involved in the competition at the same time.

Payment:

Make checks payable to *Justin Tabour*.. Send the registration form and check to:

Tim Winder

2812 Stacia Ct.

Joliet, Illinois 60431

Age Groups:

14 & under: Boys and Girls

15-16 years: Boys and Girls

17-18 years: Boys and Girls

Collegiate/Open: Men & Women

Contact Person:

Tim Winder- North Central College PV Coach

815-436-1735

stixnstonz40@sbcglobal.net

North Central College Vault-O-Rama

Name _____ Age _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Email _____ Best Vault in a Meet _____ Second Best Vault in a Meet _____

Height _____ Weight _____ High School/School _____

Health and Accident Insurance Company _____

Policy # _____

Parental Consent/Waiver

I, or we, hereby grant permission for my child to attend the Winter Vault-o-Rama. I, or we, verify that my child has had a physical exam in the past year and is capable of participating in the activities relating to the competition. I, or we, agree to indemnify, hold harmless and defend Tim Winder, Justin Tabour, North Central College and/or their respective officers, agents, representative, successors, and/or assigns from any and all liability for injury to my child, as well as any injury or damage caused by my child. Should medical treatment for my child be necessary, I, or we, hereby authorize any physician or trainer selected by clinic personnel to order and conduct medical or surgical procedures necessary. In addition, I, or we, hereby grant permission for North Central College and/or Tim Winder to use athlete's name, photographs and/or videotape of related clinic activities for advertising or educational purposes in any media production.

Participates Signature _____

Parent or Guardian Signature _____

Parent or Guardian Name(s) Printed _____

Parent Email _____ Date _____

Please Circle your Age Group:

14 & under Boys

14 & under Girls

15-16 Boys

15-16 Girls

17-18 Boys

17-18 Girls

Col/Open Men

Col/Open Women

Please Circle the Competition you wish to Vault in:

Vault-O-Rama #1

Saturday December 23

Amount enclosed: _____ (Make checks payable to Justin Tabour)

Confirmation will be done via Email or Phone.