Vault Chicago Pole Vault Training

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Vault Chicago Application

Name_____

Address_____City_____ST_____

ZIP_____ Phone _____

Cell_____

Age _____Gender _____Personal best _____School/club_____

Email|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| @
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Participation and Consent Waiver

I hereby grant permission for myself / child to attend VAULT CHICAGO. I verify that myself / child has had a physical exam in the past year and is capable to participate in the activities related to pole vaulting. I agree to indemnify, hold harmless, and defend, Tim Johnson, Vault Chicago Pole Vaulting Club, AAU, Bloom Twp H. S. and their agents, employees and sponsors from any and all liability for injury to my child / self, as well as any damage caused by myself / child. I understand that track and field and in particular pole vaulting and many of its related activities and other activities related to VAULT CHICAGO are potentially dangerous and could pose risk of injury. Should medical attention be necessary, I hereby authorize any physician or trainer selected by club personnel to conduct medical or surgical procedures. In addition I hereby grant permission for Vault Chicago to use any photographs or video tape of club related activities for the purpose of advertising or educational materials development.

AAU #_____

Medical Insurance company_____

Medical Insurance Policy#_____

Participant Signature_____

Parent / Guardian Signature _____

Emergency Contact Info: Name:_____

Ph#:_____