

PARENT CONSENT/MEDICAL WAIVER

THIS FORM AND A VALID PHYSICAL FITNESS STATEMENT MUST BE PROPERLY SIGNED and RETURNED BEFORE THE CLINIC BEGINS IN ORDER TO PARTICIPATE.

I, the undersigned, individually and as a parent/guardian of _____

_____ (participant), a minor, ask that he/she be admitted to participate in the sports clinic sponsored by Central Washington University.

I am fully aware of the safety risks of participating in this activity. I acknowledge and accept the risks and I understand that CWU cannot guarantee my child's safety. I state to you that I am not aware of any physical condition that would limit my child's participation in this activity. I understand that it is my responsibility to let you know if my child has any condition that would limit his/her ability to safely participate.

In exchange for my child being allowed to participate in this activity, and to the fullest extent permitted by law, I hereby waive and release—and further agree to indemnify, defend, and hold harmless the State of Washington, Central Washington University and its trustees, officers, agents, employees, and volunteers from and against any and all liabilities, claims, costs, expenses, injuries, and/or losses that I or my minor child may sustain as a result of my child's attendance at the sport clinic, or in the course of competition and/or activities held in conjunction with the sport clinic.

I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child.

I also give permission for my child's photograph to appear in promotional material regarding future clinics or camps. DATE _____

Parent/Guardian Sign _____

(Please print name and relationship to participant)

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name(print) _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone: Work (____) _____ Home (____) _____

Family Physician _____ Phone (____) _____

Medical Insurance _____

Name of Insured _____

Policy/Group # _____

Participant's Name _____

DOB (mm/dd/yy) _____

LIST BELOW ANY MEDICAL CONDITIONS/ISSUES YOUR CHILD MAY HAVE: Allergies _____

Chronic Illness (heart condition, asthma, epilepsy, diabetes, etc.) _____

Injuries/Operations in the past year _____

Physical activity restrictions in past year _____

Medications _____

Has your child ever had an adverse reaction to any drug(s)? Yes _____ No _____ If yes, what drug? _____

Date of last Tetanus immunization _____



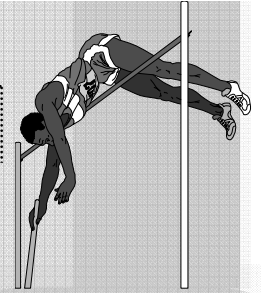
CENTRAL WASHINGTON UNIVERSITY

Athletic Department

CENTRAL WASHINGTON UNIVERSITY WILDCAT POLE VAULT CLINIC

CENTRAL WASHINGTON UNIVERSITY WILDCAT POLE VAULT CLINIC

March 5, 6, & 7



WILDCAT

POLE VAULT CLINIC

Nicholson Pavilion Fieldhouse - CWU campus
Dean Nicholson Boulevard
Ellensburg, Washington

- Skill Instruction
- Strength Exercises
- Training Exercises
- Coaches' Safety Certification
- Coaching Clock Hours
- Individual Video Review
- Competitive Vaulting
- Clinic T-shirts

CENTRAL WASHINGTON UNIVERSITY

400 East University Way · Ellensburg WA 98926-7570

Office: 509-963-1914 · Fax: 509-963-2390

EEO/AA/Title IX Institution · TDD 509-963-3323

WILDCAT Vault Clinic

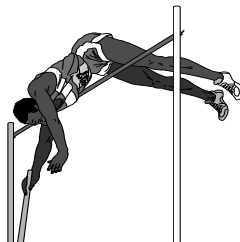
Clinic Instructors:

J.T. Statler	CWU Pole Vault Coach—Clinic Director
Rick Alderson	Pole Vault Coach—Eisenhower High School
Dennis Birley	Pole Vault Coach—Davis High School
Rich Artt	Pole Vault Coach
Scott McCoy	Bellingham Parks & Rec—former CWU Vaulters
Haley Amos	Pole Vault Coach—CWU Women's PV Record Holder
Scott Alexander	Instructor—CWU Men's PV Record Holder
Bill Alexander	Pole Vault Coach & Athletic Director - Quincy High School
CWU Vaulters	Instructors
Kevin Adkisson	Clinic Director, Head Track & Field Coach—Central Washington University

CONTACTS:

Kevin Adkisson
509-963-1956
adkisson@cwu.edu

J.T. Statler
509-768-2423
jtstatler2@msn.com



CLINIC SCHEDULE

FRIDAY, March 5

6:30 — 7:00 p.m. — Registration

7:00 — 9:00 p.m. — Clinicians' pre-assessment of athletes (basic pole vaulting skills)

SATURDAY, March 6

8:00 — 8:50 a.m. — Registration

9:00 — Noon — Instruction/Video

12 — 1:00 p.m. — Lunch on own

1:00 — 4:00 p.m. — Instruction/Video

12:00 — 3:00 p.m. — Coaches/Safety Certification

4:00 — 6:00 p.m. — Adjourn/Dinner on own

SUNDAY, March 7

9:00 — 11:30 a.m. — Meet Prep. Instruction -
Open Stations - One on One coaching -
Competitive Vaulting, Clinic Wrap-up

What to Bring:

- ◆ We have poles but suggest you bring school or own poles if you have them
- ◆ Running shoes and spikes
- ◆ Water bottle
- ◆ Video cameras welcome
- ◆ Meal money — for on or off campus sites (on your own)
- ◆ Please note that housing is not provided for those who are not commuters. Check local hotel listings for space.

BOYS & GIRLS — Grades 8—12

Registration Form

	# Vaulters	Price
<input type="checkbox"/> Pre-register by March 4th		\$ 90.00 ea.
<input type="checkbox"/> Register Day of Clinic		\$100.00 ea.
<input type="checkbox"/> 3 or more vaulters from same school, Pre-registered by March 4th		\$ 75.00 ea.
<input type="checkbox"/> 3 or more vaulters from same school, Register Day of Clinic		\$ 85.00 ea.
Total #		_____
TOTAL \$		_____

Make checks payable to: Central Washington University Track & Field

* Coach's entry to clinic included with paid athlete(s)

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (____) _____ Emergency Phone: (____) _____

E-mail: _____

School: _____ Grade in Fall, 2009: _____

Highest meet vault: _____ Circle: Female / Male

T-Shirt size: S M L XL

Duplicate form for multiple registrations

Please tear off and RETURN BOTH SIDES FILLED OUT

<input type="checkbox"/> COACHES' SAFETY CERTIFICATION	\$ 25.00
Name: _____	
Address: _____	
_____ School _____	
Checks Payable to WIAA — mail to address below	

Mail Clinic Registration & Fee to:

Central Washington University Track & Field
Athletic Department, c/o Kevin Adkisson
400 East University Way
Ellensburg, WA 98926-7570

Phone: 509-963-1956
Info. online @ www.wildcatsports.com T&F page