

## **SHOCKER POLE VAULT CAMP**

Come out and run with the Shockers and find out how fun pole vaulting can be. Coach Wilson and past and current Shocker pole vault stars will teach you the key elements of becoming a great pole vaulter. The 2011 track season starts now. This is your chance to get a head start on the upcoming seasons. If you have any questions please call Coach Wilson at 316-708-0579 or e-mail [pwilson@goshockers.com](mailto:pwilson@goshockers.com).

We hope to see you in July!



ADDRESS SERVICE REQUESTED

Shocker Pole Vault Camp  
Wichita State Track Office  
1845 Fairmount Box 18  
Wichita, KS 67260-0018

# **2010 SHOCKER POLE VAULT CAMP**

***VAULT***

***WITH***

***THE***

***SHOCKS***



**JULY 9 - JULY 11**

**Phone 316-708-0579  
Fax 316-978-3388**

# SHOCKER POLE VAULT CAMP 2010

## Camp Goals

- How to run and carry the pole properly
- Proper sprint form and speed instruction
- How to analyze film and identify areas that need work
- Specific drills that will help you target and master each phase of the vault
- Skill progressions that will help save time and prevent frustration while learning the event.

## Activities Will Include...

- Demonstrations
- Sprint Form Drills
- Underwater Vaulting
- Film Session
- Run & Pole Carry Drills
- Vault Sessions
- Intro to Gymnastics/Gymnastic Drills
- Plant & Take-off Drills

## Camp Director

### Pat Wilson

Assistant Track & Field Coach/Pole Vault  
NCAA Division I Wichita State University

All-MVC performer and member of WSU's 1994  
MVC Championship team



Camp Counselors will include current and former Shocker athletes.

**OPEN TO ATHLETES AGES 12-18**

All camps and clinics will begin and end at Cessna Stadium

**Shocker Pole Vault Camp dates:  
Friday, July 9, 2010 – Sunday, July 11, 2010  
Meet at NW corner of Cessna Stadium**

**Registration 9:00am - 9:30am Friday  
Camp starts at 9:30 am on Friday and  
ends at 1:30 pm on Sunday**

## Camp Tuition

**\$250.00—Individual Day Camper**

**\$300.00 – Individual Overnight Camper  
—only 20 overnight spots available**

- TO RESERVE A SPOT PLEASE SEND REGISTRATION FORM AND A \$125 DEPOSIT BY JUNE 24, 2010
- REGISTRATIONS RECEIVED AFTER JUNE 24 WILL BE TAKEN ON A CASE BY CASE BASIS
- FULL PAYMENT IS DUE UPON CHECK IN ON FRIDAY, JULY 9, 2010

**Each camper receives  
t-shirt and water bottle**

## REGISTRATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S HOME PHONE \_\_\_\_\_

WORK or CELL PHONE \_\_\_\_\_

FAMILY MEDICAL INSURANCE COMPANY:  
\_\_\_\_\_

POLICY #: \_\_\_\_\_

AGE \_\_\_\_\_ GRADE \_\_\_\_\_

T-SHIRT SIZE (check one)

ADULT: \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL

I verify that my child/ward has been checked by a licensed physician and is physically able to participate in the Shocker Pole Vault Camp. I understand that participation in the camp will involve instruction in the sport of running and may include vigorous physical exercise or activity involving a multitude of risks, including but not limited to, broken bones, sprains, muscle pulls and head injuries. In consideration of my child/ward being able to participate in the Shocker Pole Vault Camp I hereby agree and promise that I will not hold Shocker Pole Vault Camp nor its employees responsible for any loss, damages, or personal injury received as a result of my child/ward's participation or the conduct of camp directors and/or employees, including negligence. I hereby authorize the directors of the Shocker Pole Vault Camp to act for my child/ward according to their best judgment in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow my child/ward to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp operated by Marc Burns and is not operated by, connected with or an official function of Wichita State University or the WSU Intercollegiate Athletic Association, Inc.

\_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

Mail registration to address below.  
Make checks payable to: **Pat Wilson**

**\$250.00 Per Individual Day Camper**

**\$300.00 Per Individual Overnight Camper**



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