

SPECTRUM ATHLETICS

REGISTRATION FORM *(PLEASE PRINT)*

NAME

ADDRESS

CITY ST ZIP

AGE BIRTH DATE

WEIGHT HEIGHT

DAYTIME PHONE

EMAIL

SCHOOL GRADE (FALL 2009)

PERSONAL BEST HEIGHT

Clinic Fee: \$100.00 (2 days)

Make checks payable to: Bob Stacey

Mail application and parental forms to:

Bob Stacey
3531 Willis Ave.
Ashland, KY 41102

For more information, please
contact:

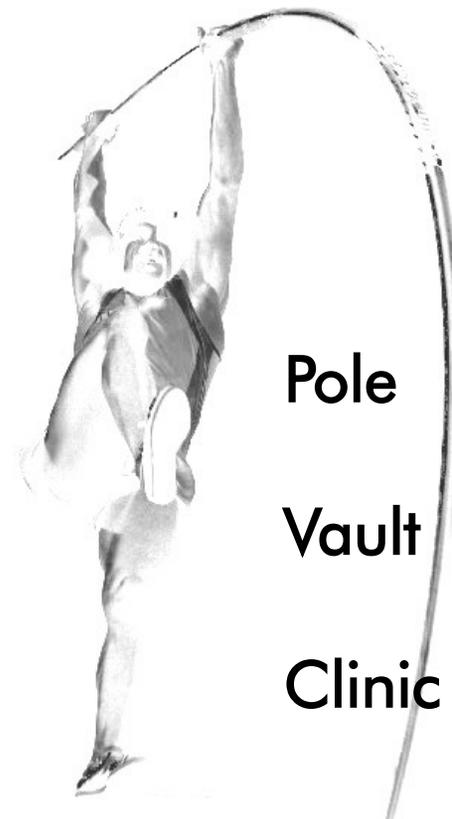
Bob Stacey
606.324.7224
robecstacey@aol.com

Or

Spectrum Athletics
Derek Pahl
866.231.0368
dpahl@spectrumathletics.com



SPECTRUM ATHLETICS



**Pole
Vault
Clinic**

Fairview High School

Ashland, KY

June 15-16, 2009

COST (Does not include hotel rooms)
\$100.00 per vaulter

SCHEDULE

Monday June 15:

Registration/check-in: 8:00am - 9:00pm

Session 1: 9:00 am - 12:00 pm

Session 2: 1:30 pm - 4:30 pm

Tuesday June 16:

Session 1: 9:00 am - 12:00 pm

Session 2: 1:30 pm - 4:30 pm

- Instruction will cover all phases of the pole vault.
- Athletes will be split into groups based on their best height in order to get optimal instruction according to experience. This is a great clinic for beginning to intermediate vaulters and coaches.
- Athletes will be video taped and analyzed.
- There will be an informal competition on the last day of the camp.

WHAT TO BRING

Each vaulter should bring his or her on poles, shoes, shorts, sweats, towels, and sport tape. Arrangements can be made to borrow poles but it is best if you bring your own.

COACHING STAFF

Becca Stacey

Fairview High School, top female pole vault coach in Eastern Kentucky.

Bob Stacey

KTCCCA Hall of Fame Coach.

Jim O'Hara

Marion County High School, the "father" of pole vault in Central Kentucky.

Derek Pahl

Pole Vaulter - Marion High School, Marion, IL (1981-1984)

2 Time IHSA AA State Qualifier

IHSA AA All-State (1984)

High School PR -14' 9"

Collegiate PR - 16' 6" (Age 19)

Coached 3 IL Junior High State Champs - (13', 13' 6", 12' 6")

Coached 2nd and 4th place vaulters in the 2009 A KHSAA

State Track Meet.

Gill Athletics - Sales and Marketing (1991-1996)

Owner of Spectrum Athletics



PACER MYSTIC

SPECTRUM ATHLETICS

866.231.0368

PARENTAL CONSENT FORM

I hereby grant permission for my child to attend the Spectrum Athletes Pole Vault Camp. I verify that my child has had a physical exam in the past year and is capable of participating in the activities related to the camp. I agree to indemnify, and hold harmless Derek Pahl, Spectrum Athletics, Fairview School System, and/or their agents or employees 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 hereby authorize any physician or trainer selected by camp personnel to order and conduct medical or surgical procedures necessary. In addition, I hereby grant permission for Spectrum Athletics to use any photography or videotape of related camp activities for advertising or educational video materials.

Health and Accident Insurance Company

Policy

No. _____

Parent or Guardian

Signature _____

Parent or Guardian

Telephone _____

Date _____

FOR OFFICE USE ONLY

Date received _____ Amount _____

Check No. _____ Balance Due _____

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