



Duke Pole Vault Clinic General Information



When: January 5th and 6th 2008

Where: Duke University (Durham, NC)

Who: Boys & Girls ages 12-18

Cost: \$150 (\$50 non-refundable deposit)

Camp Description:

Start your season off with some indoor vaulting!! The Duke Pole Vault Clinic provides campers with an inside look at how the Blue Devils have established themselves as one of our nation's premiere track and field programs. The focus of the clinic is to provide instruction in all phases of the pole vault event. We will have two vaulting sessions per day. Instruction includes actual vaulting, and vaulting drills and video review. **Camp will be limited to first 20 vaulters.** You will need to provide your own lunch. Any out of town vaulters will need to make their own overnight arrangements.

Camp Staff:

• Director: Ryan Dall

- Assistant Track and Field Coach for Pole Vault, Sprints, Hurdles, and Jumps (Duke University)
- Former Two Time Big East Conference Pole Vault Champion
- Personal best vault of 17' ¾" (5.20m)

• Counselors: Pole Vaulters from the Duke Track and Field team and other possible college coaches

Facilities:

The clinic will be held at **Duke's indoor pole vault runway** located inside the Intramural Building (IM). The IM building is located next to the Wilson Rec Center and near the East Gate of Wallace Wade Stadium.

Check-In:

January 5th in the IM building from 9:00am to 10:00am

Registration Deadline

Registration deadline is December 21st or until there is no available space. **Camp will be limited to first 20 vaulters.** Due to the limited runway space, get your application in early to ensure your spot.

- Please return this application along with a **\$50 non-refundable** registration fee (payable to *Duke Pole Vault Camp*) by December 21st.
- Please bring the remaining camp fee balance and health questionnaire to clinic check-in to complete the registration process.

Return Application and Deposit to:

Ryan Dall
Duke Pole Vault Camp
1214 Green St
Durham, NC 27701

Contact Information:

(919) 681-6360 (Office)
(919) 681-7866 (Fax)
rdall@duaa.duke.edu
www.goduke.com



Housing and Meals

Any out of town clinic attendees are responsible for making their own housing arrangements. Contact us for hotel recommendations.

All clinic attendees are responsible for their own meals. **No meals** will be provided by the clinic.

Poles

We recommend you bring your own poles to the clinic but there will also be a number of poles on hand to borrow.

Preliminary Clinic Schedule (Same schedule both days):

10:00am – 12:00pm...Vaulting Session 1
12:00pm – 2:00pm...Lunch (on your own)
2:00pm – 4:00pm.....Vaulting Session 2
4:00pm – 5:00pm.....Video Review



Duke Pole Vault Clinic 2008 Application



I. Personal Information

Camper Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: (____) _____ Mobile #: (____) _____

E-mail*: _____ Sex: Male ___ Female ___

Age (at time of camp): _____ Grade (as of Sept 2007): _____ Date of Birth: _____

II. Emergency Contact Information

Parent/Guardian(s): _____

Home Telephone #: (____) _____ Mobile #: (____) _____

III. Camp Information

T-shirt size (circle): X-Small Small Medium Large

IV. Registration Deadline

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Registration Fee Paid: \$ _____ Camp Fee Balance Due: \$ _____

V. Waiver & Release

In consideration of my application being accepted, I, intending to be legally bound, do hereby release and forever discharge any and all rights and claims for damages, which I may have or which may hereafter accrue to me against Ryan Dall, Duke Pole Vault Camp, Duke University and Asics or its or their respective officers, agents, for any or all damages which may be sustained or suffered by me in connection with my participation in, and/or rising out of my traveling to or returning from said Camp; or the campus of Duke University. Applicant further attests and verifies that he or she is physically fit and has sufficiently trained to participate in all events. Further, applicant attests that his or her health insurance will cover any medical and hospital expenses that he or she incurs; and that he or she has passed a sports participation medical exam within the past year.

Parent / Guardian Signature: _____

Parent / Guardian Name: _____

Date _____

Duke Pole Vault Camp reserves the right without notice to modify, change or revoke the arrangements, regulations, curriculum and instructional materials used in its programs. Duke Pole Vault Camp reserves the right to refuse admission to any student at anytime should Duke Pole Vault Camp determine such action is in the interests of the school or student. Duke Pole Vault Camp assumes no liability for personal injury or for the loss or damage of personal property.