



## **ADDITIONAL INFO**

Please contact at [dbarry@monmouth.edu](mailto:dbarry@monmouth.edu) for any questions or additional information.

**\*Camps open to any and all entrants, limited only by space available, age, and/or gender.**

## **CAMP DESCRIPTION**

### **SESSIONS**

**This is a chance to vault over the summer and improve your technique**

**Bring poles that you are jumping on in the meets are recommended. We will supply poles as well.**

### **COST**

*There will be a maximum of 15 athletes accepted per session.*

**\$400 for either camp**

*(Camps must be paid in full upon registration.)*

\$25.00.cancellation fee

Inquire if interested to  
**[dbarry@monmouth.edu](mailto:dbarry@monmouth.edu)**

Camp must be paid upon Registration  
There will be a cancellation fee of \$25.00

**Please make checks payable  
Monmouth University  
SEND APPLICATION TO:  
Devin Barry**

**MONMOUTH UNIVERSITY  
400 CEDAR AVE  
WEST LONG BRANCH, NJ 07764**

### **\*NEW POLICY FOR MEDICAL FORMS**

Medical forms **MUST** be completed by a parent or guardian. **FORMS MUST BE BROUGHT IN ON THE FIRST DAY OF CAMP.** A mailed form will not be accepted! A separate medical form must be completed for each camp your child will be attending. Copies are accepted. **A child will not be allowed to participate without a medical form!** Forms may be downloaded at [www.monmouthhawks.com/camps](http://www.monmouthhawks.com/camps).

## **DIRECTIONS**

From the Garden State Parkway: Exit 105.  
Take Route 36 to Route 71. Turn right onto Route 71, stay left when it forks into Cedar Ave. Turn right at first light onto Larchwood Ave. Entrance to the University is on the left, follow to Kessler Field.

MONMOUTH UNIVERSITY  
2016-17 TECHNICAL Pole Vault Summer Camp  
APPLICATION FORM

Session A—\$400  
4pm-5:50pm

Session B—\$400  
6pm—7:50pm

FOR OFFICE USE ONLY
Date: _____
Amount: _____
Check # _____
Walk up Fee _____

Maximum 15  
athletes per session



2017  
MONMOUTH UNIVERSITY  
Pole Vault Summer Camp

By: **Coach Devin Barry**

**Session A**  
**4pm—5:50pm**

**Session B**  
**6pm—7:50pm**

**M,T,W Camp—18 Days**

June **12, 13, 14** - outdoor  
June 19,20,21 outdoor  
June 26,27,28 outdoor  
July 10,11,12 outdoor  
July **17,18,19** Indoor  
July **24,25,26** Indoor

Please email for  
availability  
**[dbarry@monmouth.edu](mailto:dbarry@monmouth.edu)**

DIRECTED BY  
MONMOUTH UNIVERSITY  
**Devin Barry**



Camp must be paid in full upon registration.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Options (Please Do Not Send Cash)**

- Check enclosed (payable to Monmouth University)
- Credit card (circle one) Visa Amex MasterCard Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_

Print Name on Credit Card \_\_\_\_\_

**Signature**

I hereby authorize the directors and employees of Monmouth University Track and Field to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release all camp employees from any injuries and illness while at camp.

Parent or Guardian Signature \_\_\_\_\_