

# Jersey Jumps

## Beach Vault

Saturday, August 7  
Seaside Heights, NJ

### Divisions

- 10am Runway # 1  
H.S. Girls / Masters Women  
Runway # 2  
H.S. Boys / Masters Men
- 1pm Runway # 1  
College / Open Women  
Runway # 2  
College / Open Men
- 4pm Runway # 1  
Elite Women (PR over 12'6)  
Runway # 2  
Elite Men (PR over 16'6)

**The Only Beach Vault In Jersey!  
Great Vaulting, Music & Crowd!**



Send Entry Form And Check Payable To:

IPOLEVAULT  
1310 N. Green Street, Suite 58  
Tuckerton, NJ 08087

For additional information contact:

Dan Bertolami (732) 690-1102  
bertolami@verizon.net

## 2010 Beach Vault Entry Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ School/Club \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail (Mandatory, Print) \_\_\_\_\_

T-Shirt Size (Circle) S M L XL XXL Pole Vault PR \_\_\_\_\_ Division Entered: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ \* Loaner Poles Available. What Size Do You Need? \_\_\_\_\_

\* Registration Includes Beach Vault Competition, T-Shirt, Beach Badge & More

\_\_\_\_\_ \$35 (\* If Received by July 20) \* All Vaulters Must Have A Valid USATF Membership Card

\_\_\_\_\_ \$45 (\* If Received by August 1) Register @ [www.usatf.org/membership](http://www.usatf.org/membership)

\_\_\_\_\_ \$50 (\* If Received August 2 Thru Event Day) \* Directions & Details E-mailed To All Registrants

### Parental Consent/Participation Waiver:

I hereby grant permission for my child to participate in the Jersey Jumps Beach Vault, to be held August 7, 2010 (raindate August 8) in Seaside Heights, NJ. I verify that my child has had a physical exam in the past year and is able to participate in the activities related to the Jersey Jumps Beach Vault. I agree to indemnify, hold harmless and defend Michael Pascuzzo, Vertical Adventures, Daniel J. Bertolami, IPoleVault Flight Club, Robert Amos, All Beach Vault Coaches & Staff, All Camp Sponsors 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. I also understand that an additional Waiver & Release of Liability will be e-mailed to me upon registration. I understand that my child is NOT permitted to participate in the Jersey Jumps Beach Vault unless & until this additional Waiver & Release of Liability has been completed, Signed & returned to the event organizers MP PROOF.

Parent/Guardian/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_