

# 2010 Vertical Club Spring High Jump Clinic Series



**Featuring: Mike Pascuzzo**  
 3-Time Olympic Trials Competitor  
 4-Time USA National Team Member  
 9-Time All-American  
 Coach Of Over 80 State Champions  
 Personal Best of 7'5 1/4"

**Registration:**  
**MUST Pre-Register/Pre-Pay!**  
**NO EXCEPTIONS!**  
**Age Groups:**  
 Boys & Girls  
 Ages 10 & Up  
**Location:**  
 Lenape H.S.  
 Medford, NJ  
 Register Early,  
 Space Is Limited!  
 \*For Inclement Weather  
 Updates, Look for E-Mail  
 Alerts or Call (609) 304-5393

**Sunday Semi-Private Lessons**  
**9-10:30am & 10:30am-12noon**  
**(\$75 each, 3 Jumpers per Lesson)**

**April 11, 18, 25**  
**May 2, 9, 30**

**Sunday Group Clinics, 12noon-2pm**  
**(\$60 each, 6 Jumpers per Clinic)**

**April 11, 18, 25**  
**May 2, 9, 30**

**Tuesday & Thursday Group Clinics, 6-8:30pm**  
**(\$75 each, 6 Jumpers per Clinic)**

**April 15, 20, 22**  
**May 4, 11, 13, 25\*, 27\***  
**June 1\***

*\*May 25 & 27 Are The LAST Chances to Tune-Up Before the NJSIAA State Championships  
 \*June 1 Is the LAST Chance to Tune-Up Before the NJSIAA Meet of Champions*

## ***"On The Road" Track & Field World Tour***

*The ONLY Track & Field Camp in the World Staffed Exclusively with Olympians!  
 July 17 & 18, 2010.....Lenape High School, Medford, NJ*

***For More Info and A Camp Brochure, visit [www.verticaladventures.org](http://www.verticaladventures.org)***

**Directions:** From I-295 (either direction): Take Exit 36-A. Follow Route 73 South, Approximately 3/4 Miles And Make A Left When You See A Sign For Church Road On The Left. Follow To Greentree Road And Make A Left. Make First Right Back Onto Church Road And Follow Until You See Lenape High School On Left. **From NJ Turnpike:** Take Exit 4 to Rt. 73 South & see above.

**Mail To / Payable To: Mike Pascuzzo, 1 Sheffield Lane, Mt. Laurel, NJ 08054**  
**MPScooze@aol.com / [www.verticaladventures.org](http://www.verticaladventures.org)**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone (Cell # Preferred) ( \_\_\_\_\_ ) \_\_\_\_\_

**E-Mail (mandatory, please print clearly):** \_\_\_\_\_

**Sunday Semi-Private Lessons:** April 11 \_\_\_ 18 \_\_\_ 25 \_\_\_ May 2 \_\_\_ 9 \_\_\_ 30 \_\_\_ x \$75 each= \$ \_\_\_\_\_

**Sunday Group Clinics:** April 11 \_\_\_ 18 \_\_\_ 25 \_\_\_ May 2 \_\_\_ 9 \_\_\_ 30 \_\_\_ x \$60 each= \$ \_\_\_\_\_

**Tues./Thurs. Group Clinics:** April 15 \_\_\_ 20 \_\_\_ 22 \_\_\_ May 4 \_\_\_ 11 \_\_\_ 13 \_\_\_ 25 \_\_\_ 27 \_\_\_ June 1 \_\_\_ x \$75 each= \$ \_\_\_\_\_

**Total Enclosed \$ \_\_\_\_\_**

I hereby grant permission for my child to attend the Vertical Adventures 2010 Vertical Club Spring Clinic Series. 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 meet series. I agree to indemnify, hold harmless and defend Vertical Adventures, Michael Pascuzzo, Lenape Regional High School District 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.

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