

# VICTORY SPORTS JUMP ACADEMY "WINTER JUMP AND JAM 2011"

**SUNDAY- JANUARY 30TH - 2:00PM**  
**SUNDAY- FEBRUARY 27TH - 2:00PM**

**MEDALS WILL BE AWARDED 1ST-3RD IN EACH DIVISION**

**BRING SPIKES, POLES AND CHAIRS**

**MUSIC • PARK ON THE SOUTH ENTRANCE**



**@ Transformation Fitness**

**14701 N Kelly**

**Edmond, Ok 73013**

**To Register Call or Email:**

**Phone: Ralph King (405) 630-5870**

**E-mail: [victorysports@me.com](mailto:victorysports@me.com)**

**\$15 AT THE DOOR**  
**\$5 4TH ATTEMPTS**

## VICTORY SPORTS JUMP ACADEMY

Athlete's Name: \_\_\_\_\_ USATF Member #: \_\_\_\_\_

Male  Female  Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: XS  S  M  L

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_ Weight (pounds): \_\_\_\_\_ PR Vault: \_\_\_\_\_ Pole size: Length \_\_\_\_\_ Wt: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**ALL correspondence from Victory Sports Jump Academy will be sent to this email address. Double check for accuracy!**

I acknowledge that pole vaulting is a dangerous sport and that pole vaulting may result in serious injury and possible death. I agree to hold harmless Victory Sports Jump Academy, Transformation Fitness Center, their coaches and staff or anyone associated therein with Victory Sports Jump Academy or Transformation Fitness Center. I agree to grant medical treatment if so necessary due to injury or sickness. I give permission for the use of media such as photography and video to be used by Victory Sports free of royalty.

Parent or Legal Guardians Name: \_\_\_\_\_

(Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_