

# 2012 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 90 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 8, 15, 22, 29

May 6, 13, 20, 27

June 3

**Sunday Group Clinics, 12noon-2pm**  
**(\$60 each, ONLY 8 Jumpers per Clinic)**

April 8, 15, 22, 29

May 6, 13, 20, 27

June 3

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

April 3, 10, 19, 24

May 1, 17, 22, 24, 29, 31

June 5

*\*To Register For 5 or 10 Clinic Packages At A Discount, Call For Details!\**

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

***20th Anniversary Camp! ONLY The Olympic Games Will Have More Olympians This Summer!***  
***The ONLY Track & Field Camp in the World Staffed Exclusively with Olympians!***  
***July 14 & 15, 2012.....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**  
**(609) 304-5393 / [MPScooze@aol.com](mailto: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 8 \_\_\_ 15 \_\_\_ 22 \_\_\_ 29 \_\_\_ May 6 \_\_\_ 13 \_\_\_ 20 \_\_\_ 27 \_\_\_ June 3 \_\_\_ x \$75 each= \$ \_\_\_\_\_

**Sunday Group Clinics:** April 8 \_\_\_ 15 \_\_\_ 22 \_\_\_ 29 \_\_\_ May 6 \_\_\_ 13 \_\_\_ 20 \_\_\_ 27 \_\_\_ June 3 \_\_\_ x \$60 each= \$ \_\_\_\_\_

**Tues./Thurs. Group Clinics:** April 3 \_\_\_ 10 \_\_\_ 19 \_\_\_ 24 \_\_\_ May 1 \_\_\_ 17 \_\_\_ 22 \_\_\_ 24 \_\_\_ 29 \_\_\_ 31 \_\_\_ June 5 \_\_\_ x \$75 each= \$ \_\_\_\_\_

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

I hereby grant permission for my child to attend the Vertical Adventures 2012 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 \_\_\_\_\_