



USA HIGH JUMP CLUB

2010 HIGH JUMP CLINIC

**Ron Lee - Head Coach of USA High Jump Club &
JSerra Catholic High School Jumps coach.**

8th - 12th grade

Date: June 19, 2010

Time: 9 AM to 3 PM

Location: Trabuco Hills High School Track

Cost: \$150.00

(Includes Club T-Shirt)

**❖ Deadline to Register - June 1, 2010
Space is limited! Sign up now!**

**❖ Late Registration Fee after June 1, 2010 is \$ 175 and it is
based on space availability**

Please bring a sack lunch, running shoes & spikes

- There will be a High Jump competition the last hour
and someone will be crowned King and Queen of the
"Pit".**
- The winners will receive "The Ultimate High Jump
Manual" written by Coach Ron Lee and "High Jump
Technique 101" DVD produced by Coach Ron Lee.**

**Please make check payable to *USA High Jump Club*
Mail check and completed registration form to: 28715 Los
Alisos Blvd Suite 7-323, Mission Viejo, CA 92692.**

**Or, pay by credit card through Pay Pal at:
www.usahighjumpclub.com/HighJumpCLinic
Please email, fax or mail payment receipt along with the
completed registration form to mlee@usahighjumpclub.com or
(fax) 949-666-6132.**

Registration deadline 6/1/10

For more information, please email us at mlee@usahighjumpclub.com

Name: _____ **Age** _____

Address _____

City _____ **State** _____ **Zip** _____

School _____ **Grade** _____ (in the fall)

Personal Best Mark _____ **Years of experience** _____

Home phone: _____ **Cell phone:** _____

DOB _____ **T-shirts size(circle one)** **S** **M** **L** **XL**

E-mail addresse: _____

Parent Name: _____ **Phone:** _____

Emergency Contact :

Name _____ **Phone** _____

Emergency Authorization: I give permission to the medical personnel selected by the camp director to order X-rays & routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or surgery for my child as named on the registration form. I hereby waive and release USA High Jump Club, Coach Ron Lee and all personnel from all liability for any injuries or illness incurred while my child is participating in any activities associated with high jump training. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no medical or physical problem which may affect my child's ability to safely participate in USA High Jump Club Clinic.

Parents Signature _____ **Date:** _____