



Dexter Athletics – Up and Running Summer Vault Series – 2017

Coaches: Geoffrey Gerstner, Dana Tessmer, Noah Gary

Location: Dexter High School Track (Creekside Intermediate School)

Cost: \$150.00 (checks payable to Up and Running Track Club)

Dates: June 12th - August 12th, 2015.
NO sessions July 1st - July 7th (district-wide mandatory down-week)

Times: Monday and Wednesday 6:00-7:30 pm (for newer and intermediate vaulters)
7:00-9:00 pm (for advanced vaulters)
Saturdays, same times as above, except on meet days, below.

Focus: Safety, fun, team-building, vault-chain sequence, full vaults, drills, films, competition prep, off-season conditioning, speed training

Meets: Outdoor Nationals (qualified athletes only), June 16-18; Chelsea Field Event Meet, June 17; Livonia Meet, June 24; Grand Haven Beach Vault, July 14-15; Barry County Fair Vault, July 22; Livonia Field Event Meet, July 29; Vermontville Moon Vault, Aug. 5; Dexter Daze vault, Aug 12.
These meets have registration fees; attendance is not required.

Weather: We will post on the Dexter Pole Vault facebook page any changes to schedule due to weather.

Bring this form & check to the track or mail to:
Up and Running Track Club
4755 Bridgeway Drive
Ann Arbor, MI 48103

REGISTRATION FORM Please Print

Make checks payable to:
Up and Running Track Club

Athlete's Full Name _____

Address _____ City _____ ZIP _____

Parent/guardian daytime phone _____ Parent/guardian nighttime phone _____

Cell Phone _____ Other contact if necessary: _____

An email address that is regularly checked _____

Grade as of Fall 2016: _____ Birthdate: _____

Insurance carrier: _____ Policy number: _____

Emergency Contact: _____

I certify that I am aware of the inherent risks in the above series, and that my child is physically capable of performing the normal activities related to the athletic series, and that I assume full responsibility for accidents arising out of circumstances not under control of the Dexter Community Schools and/or its agents. I grant permission for emergency medical treatment for my son/daughter by medical personnel.

Signature of Parent/Guardian _____ Date _____