

**COWLEY COUNTY COMMUNITY COLLEGE  
2008 POLE VAULT CLINIC  
ENROLLMENT FORM**

June 2-5, 2008 8:30 AM-12:00 PM

NAME \_\_\_\_\_  
Last First Middle

HOME ADDRESS \_\_\_\_\_  
Street City ST Zip

HOME PHONE NUMBER ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ I will be in \_\_\_\_ grade next year.

IN CASE OF EMERGENCY, PLEASE CONTACT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

T-SHIRT SIZE: (ADULT) \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

Have you pole vaulted before? \_\_\_\_\_ How high? \_\_\_\_\_ How many years have you been vaulting? \_\_\_\_\_

What is the biggest pole size you've jumped on? \_\_\_\_\_ Age (on June 5, 2006) \_\_\_\_\_

**WAIVER**

We, the undersigned parents or guardian of \_\_\_\_\_ a minor, do hereby authorize the director of the Cowley County Pole Vault Clinic or his designee to select hospital facilities and/or physician of his choice and authorize treatment of above named participant on an emergency basis in the event such treatment becomes necessary as a result of the participation in Cowley County Pole Vault Clinic. We hereby grant permission for our child to participate in the clinic and the fact that they are physically able to participate in the activities. I will be responsible for all medical bills incurred as a result of accidents for which medical treatment is necessary except those covered by my insurance. **THE STAFF OF, OR COWLEY COUNTY COMMUNITY COLLEGE WILL NOT BE HELD RESPONSIBLE IN ANY WAY FOR ANY ACCIDENTS OR EXPENSE THAT OCCUR DURING THE ABOVE NAMED PARTICIPATION IN COWLEY COUNTY POLE VAULT CLINIC.**

\*\*\* Please make sure that all information is complete \*\*\*

\_\_\_\_\_  
Signature, Parent or Guardian

\_\_\_\_\_  
Date

**INSURANCE INFORMATION**

I will be covered by personal or family insurance. My insurance company is:

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
POLICY & GROUP ID NUMBERS

\*\*\*Enrollment form and Insurance waiver must be completed, sent in with \$75.00 and received by MAY 29, 2008 to insure being pre-registered.

Return Form and Fee Payment to:

Mark Phillips (do not make checks payable to Mark Phillips)  
CCCC Athletics Track  
125 S. 2<sup>nd</sup> St.  
Arkansas City, KS 67005