

# 18th Annual "Vertical Club" Fall/Winter High Jump Clinic Series

## The MOST Successful High Jump Clinic Series In The World!

Presented by.....Vertical Adventures Track & Field Club

ALL Clinics held @ 1951 Old Cuthbert Road, Building 100, Suite 102, Cherry Hill, NJ

**The High Jump with Mike Pascuzzo**

\*3-time Olympic Trials Competitor (PR 7'5 1/4")

\*9-time All-American (University of Maryland)

\*4-time USA National Team Member

\*Coach of over 104 State Champions in 13 states

Sunday Semi-Private Clinics, 9-10:30am, 10:30am-12noon, 12-1:30pm & 1:30-3pm  
(\$75, 4 Jumpers per Clinic) **\*\*Right Foot Take-Off Jumpers From 1:30-3pm ONLY!\*\***

*(Valid USATF Member # Required To Participate)*

**November 3, 10, 17, 24 December 1, 8, 15, 29 January 5, 12, 19, 26**

**February 2, 9, 16, 23 March 2, 9, 23, 30**

Monday Small Group Clinics

5:30-7pm (\$75, 4 Jumpers per Clinic) **\*\*Right Foot Take-Off Jumpers\*\***

7-9:30pm or later (\$75, 8 Jumpers per Clinic)

*(Valid USATF Member # Required To Participate)*

**November 11, 18, 25 December 2, 9, 16 January 6, 20, 27**

**February 10, 17 March 3, 10, 24, 31**

Tuesday Small Group Clinics, 7-9:30pm or later

(\$75, 8 Jumpers per Clinic) **\*\*NO Right Foot Take-Off Jumpers This Session\*\***

*(Valid USATF Member # Required To Participate)*

**November 5, 12, 19 December 3, 10, 17 January 14**

**February 4, 11, 18, 25 March 11, 18**

**\*\*Private & Semi-Private Sessions Available By Appointment\*\***

**Registration: MUST Pre-Register & Pre-Pay! Who Can Participate: Boys/Girls/Men/Women, Ages 10 & Up**

**\*\*For Inclement Weather Updates, Call Mike @ (609) 304-5393 / [www.VerticalAdventures.org](http://www.VerticalAdventures.org)**

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_ E-mail (mandatory) \_\_\_\_\_

Which Foot Do You Take-Off From? \_\_\_\_\_ \* Not Sure? Call Mike @ (609) 304-5393

**\*\*If You Are A Right Foot Take-Off Jumper, You MUST Register For Sundays @ 1:30pm or Mondays @ 5:30pm\*\***

\*USATF Member # \_\_\_\_\_ \*ALL Jumpers MUST Have A Valid USATF #

**\*To Register For A USATF Membership Card & Receive ALL Its Benefits, Visit [www.usatf.org/membership](http://www.usatf.org/membership)**

Sunday Clinics: (circle) Nov 3 10 17 24 Dec 1 8 15 29 Jan 5 12 19 26 Feb 2 9 16 23 Mar 2 9 23 30 x \$75 each

Monday Clinics: (circle) Nov 11 18 25 Dec 2 9 16 Jan 6 20 27 Feb 10 17 Mar 3 10 24 31 x \$75 each

Tuesday Clinics: (circle) Nov 5 12 19 Dec 3 10 17 Jan 14 Feb 4 11 18 25 Mar 11 18 x \$75 each

Mail To / Payable To: \_\_\_\_\_ Total Pre-Payment Enclosed \$ \_\_\_\_\_

Michael Pascuzzo, 1 Sheffield Lane, Mt. Laurel, NJ 08054 / [MPScooze@aol.com](mailto:MPScooze@aol.com) / cell (609) 304-5393

I hereby grant permission for my child to attend the Vertical Adventures "Vertical Club" Winter High Jump Clinic Series. I verify that my child has had a physical examination in the past year and is able to participate in the activities related to the clinic series. I agree to indemnify, hold harmless and defend Vertical Adventures, Michael Pascuzzo, Nickolas Tyson, Jeffrey Bell 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/Guardian Signature & Date \_\_\_\_\_