29th Annual "Vertical Club" 2025 Late-Winter High Jump Clinics The MOST Successful High Jump Clinic Series In The World!

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

ALL Clinics held Indoors @ Pivotal Training, 133 Eayrestown Road, Southampton, NJ 08088

The High Jump with Coaches Mike Pascuzzo & Beth Simmons

Vertical Club High Jumpers In The News in 2021-2024: Amina Smith:

Priscilla Frederick:

Aidan Clark:

*2024 US Olympic Trials Competitor *2024 Atlantic Coast Conference Champion *Personal Best of 7'2 1/2"

Tim Watson:

Alvsa Carrigan:

Sunday Semi-Private Sessions:

Session #1 10am-12:00pm Session #2 12:00am-2:00pm

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

Tuesday & Thursday Semi-Private Sessions: 7-9pm

February 6, 13, 18, 27 March 6, 13, 18, 27

PRIVATE SESSIONS AVAILABLE BY APPOINTMENT

<u>Registration:</u> <u>MUST Pre-Register & Pre-Pay!</u> <u>Who Can Participate:</u> Boys/Girls/Men/Women, Ages & & Up Mail To / Payable To: Mike Pascuzzo, 1 Sheffield Lane, Mt. Laurel, NJ 08054 MPScooze@aol.com / www.VerticalAdventures.org / Facebook @ Vertical Adventures Track & Field

Name	Age	Schoo	ol
Address	City	State	Zip Code
Telephone (Cell # Preferred) ()		
Athlete or Parent(s) E-Mail (mandatory Sunday Clinics: (Write-in session	· · · · ————	<u>k-up)</u>	
February 9 (session#or) 1	16 (# or) 23 (#	or)	
March 2 (session# or) 16 (or)
Tuesday/Thursday Clinics: (Che	eck Off Desired Dates)		
February 6 () 13 ()) 18 () 27 ()	
March 6 () 13 () 18 () 27 ()	
Each Session Is \$75 To	otal Enclosed For	All Sessi	ions: \$

Have Questions? Call Mike @ (609) 304-5393 *No Refunds or Credits for missed sessions!

I hereby grant permission for my child to attend the Vertical Adventures 2025 Vertical Club Late-Winter 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, Dan Ingrum, Beth Simmons, Todd Curll, Matthew Carter & Pivotal Training 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