



WELCOME TO THE TRACK ZONE!

Member Information

NAME: (Please print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ CELL #: _____

DATE OF BIRTH: _____

EMAIL: _____

Parent/Guardian Information

*This info is required for all vaulters under 18. Please include info for both parents/guardians if applicable.

NAME: (Please print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ CELL #: _____

DATE OF BIRTH: _____

EMAIL: _____

NAME: (Please print) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ CELL #: _____

DATE OF BIRTH: _____

EMAIL: _____

***All group communication and training sign ups will be handled through the Vault Zone Team App. Talk to a coach or check out our website for info on how to get signed up. Please have vaulters sign up as well as parents. There is a specific group designated for vaulters and one for parents when you sign up.**



Which Type of Vault Zone Training Would You Like?

_____ Annual Club Membership- \$200/month (min. of 12 month commitment)

Most economical for people planning on training on a regular basis

This is an annual training membership. This is the best option for the vaulter who wants to reach their maximum potential and is preparing to be successful in high school, college and beyond. This vaulter will train throughout the entire year focusing on training for speed, power, pole vault specific strength & conditioning, gymnastics training, technical vault training and mental/visual preparation. This vaulter CAN be a multi-sport athlete due to the fact that much of our training during the fall is done on weekends. Outside of their school track season, this vaulter will also have the option to compete with the club during indoor and summer competitions. These will include Fun Pole Vault ONLY competitions like the Reno Vault Summit, the Texas River Vault & the Beach Vault!!!

SPACE IS LIMITED FOR THIS MEMBERSHIP TYPE!

_____ **Seasonal Club Membership- \$250/month** (min. of 3 month commitment)

Only Annual & Seasonal Memberships are considered club members and receive club benefits

_____ 1 Month ONLY - \$300

_____ **Single Session Membership - \$50 per/hr.** (Most training session are 1.5-3 hrs)

_____ **Clinic:** _____ **\$** _____

For Questions Regarding membership types please contact us @

325-370-4724 or 325-370-4725

USATF Membership #: _____ **(required for all membership types)**



INJURY WAIVER

I _____ am physically able to participate in all Vault Zone activities. I hereby authorize Vault Zone staff and/or volunteers along with the staff of any other facility the vault zone club may practice or participate at, to act for me in an emergency, requiring medical attention and acknowledge that I am responsible for any cost incurred due to illness or injury. We hereby release Cory & Angie Aguilar and/or Vault Zone and/or Merkel Elevator and Farm Supply Inc. "The Elevator", and/or Abilene Christian University, its employees, volunteers and all concerned parties from all claims due to injury or illness. I hereby consent to and permit photographs and video coverage of myself/my child to be used by Vault Zone for any purpose, including educational and advertisement purposes and in any medium, including print and/or electronic. I understand that Vault Zone may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for Vault Zones use or publication of photographs of me. Each participant is financially responsible for care of personal injury, therefore CORY & ANGIE AGUILAR, and VAULT ZONE and "THE ELEVATOR" and ABILENE CHRISTIAN UNIVERSITY urge all participants to have coverage by a private policy.

**CORY AND ANGIE AGUILAR and/or VAULT ZONE and/or "THE ELEVATOR",
and/or ABILENE CHRISTIAN UNIVERSITY ARE NOT LIABLE FOR INJURY
OR ACCIDENTS. YOU PARTICIPATE AT YOUR OWN RISK.**

Members Signature: _____ Date: _____

Parent/Guardian: Signature: _____ Date: _____



PAYMENT AUTHORIZATION

Annual & Seasonal Club Members

ALL club memberships will be setup on auto draft. *You are not held to any contracts.* To stop payment, simply email info@thevaultzone.com a minimum of 14 days prior to you next bill date.

I authorize Vault Zone to deduct a monthly credit card payment \$_____ to begin on _____
(1st payment is ran upon joining the club, month drafts can be on a date of your choosing)

1 Month & Single Session Payments

I authorize Vault Zone to deduct a 1 time payment in the amount of \$_____ on the following date _____.

Member /Parent Signature: _____

Please provide your account/credit card information on the following page.

NOTE: *Individual training sessions & camps can be pd with card, cash or check*



PAYMENT INFORMATION

CREDIT CARD/ DEBIT CARD

NAME ON CARD: _____

CREDIT CARD #: _____

EXP DATE: _____

3 DIGIT SECURITY CODE: _____ TYPE OF CARD: _____

BILLING ADDRESS: _____

BILLING ZIP CODE: _____

THIS PAGE WILL BE SHREDDED ONCE INFORMATION IS IN
COMPUTER