

**Landon Athletics
Moon Vault Entry Form**

Name: (please print) _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____ **Age:** _____

Age Division: _____ **Gender:** _____

Vaulter's Accomplishments: (meets won, all state, conference champ, records held, etc.)
Use back of entry form.

Best Height in Competition: _____

Possible starting height for you: _____

T-shirt size (circle one) : S M L XL XXL

Medical Release

I hereby grant my child permission to compete in the Moon Vault competition. I verify that my child has had a physical exam in the past year and is capable to participate in the activities related to the competition. I agree to indemnify, hold harmless and defend Jerry A. Sessions, Maple Valley High School and/or their employees from any liability for injury to my child, as well as any injury caused by my child. I also hereby grant permission to Landon Athletics to use any photography and videotape of myself and/or child related to Moon Vault activities for advertising or educational video materials.

Competitor's Signature Date

Parent's Signature Date

Sanctioned by the USATF

Entry Fee: \$40
(Late fee is \$10)

Make all checks payable to:
Landon Athletics, LLC
PO Box 538
450 E Casgrove St
Nashville, MI 49073