



***POLE VAULT FIELD EVENT
PERMISSION FORM***

My Child _____, has my permission to
(Print full name)
participate in the **POLE VAULT EVENT DURING TRACK
and FIELD MEETS AND IN PRACTICE.**

**I UNDERSTAND THAT THE POLE VAULT EVENT IS
AN OPTIONAL EVENT. I FURTHER UNDERSTAND
THAT THERE IS A RISK OF SERIOUS INJURY (THERE
HAVE BEEN FATALITIES & DISABLING INJURIES
WHEN POLE VAULTING)**

**My child will pole vault only while under the supervision
of a certified track and field coach. Furthermore, my child will
not be allowed to participate in the pole vault event until he/she
attends the training and safety session conducted by the
Howard County Public School System's pole vault coaches.**

Student's Signature

Date

Parent/Guardian Signature

Date