

**Sandra Day O'Connor
High School**
25250 N. 35th Avenue
Phoenix, AZ 85083
623-445-7100 Phone
623-445-7180 Fax
DVUSD.ORG/SDOHS



Principal:
Dr. Lynn Miller

Asst. Principal:
Justin McLain
Jason Rypkema
Dr. Julia Spurgeon

Dean of Students:
Gregg Carroll

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Curtis Finch, PhD

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Potential Campers,

It is the time of year to start thinking about track and field, specifically the pole vault. Camp will start on November 4th and go to February 3rd from 2:20pm to 4:30pm unless there is a conflict with soccer. Camp will be limited to the first 20 paid participants. The specific dates below are for all DVUSD pole vaulters. This camp is sponsored and set up by Coach Jaeger and SDOHS. Poles for camp are provided by SDOHS.

Session 1

November 4, 11, 13, 18, 20
December 2, 4, 9, 11, 16, 18
January 6, 8, 13, 15, 20, 22, 27, 29
February 3

I may add days and/or change days when I see the soccer schedule. On days when there is a soccer conflict we will have to end early.

Cancellations due to weather or unforeseen scheduling conflicts may **NOT** be made up.

The cost for session 1, the only session is \$300, that's only \$15 a day.

In December Coach Alyson Schwartz will be in attendance. Coach Aly is a 6 time WAC pole vault champion

Please make all checks payable to SDOHS track and field. In the memo line, pole vault camp.

I could use help taking out the pits prior to November 4th, otherwise that day will be filled with pit set up.

Thank You,
James Jaeger
Pole vault coach
james.jaeger@dvusd.org

O'Connor High School Athletics
Community Schools
Winter Conditioning Club

When: Dec 2nd to Feb 5th (we will not have camp on Dec. 22nd – Jan 1st (Due to Christmas break) Camp will resume on Jan. 6th

Days: Tue, Wed, Thurs.

Time: 2:45 – 4:15ish pm

Where: SDOHS track

Cost: \$60.00

Participant's name: _____

Parent/Guardian: _____

Home address: _____

City: _____ **State:** _____ **Zip:** _____

Home #: _____ **Work #:** _____

Make checks payable to O'Connor Community Schools Track and Field

NAME OF PARTICIPANT: _____

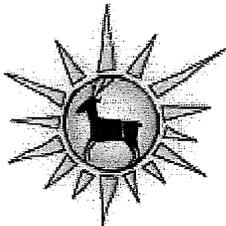
PARENT/GUARDIAN/PARTICIPANT (if over 18) SIGNATURE _____

INSURANCE COVERAGE COMPANY: _____

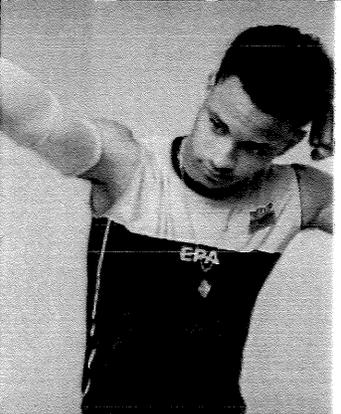
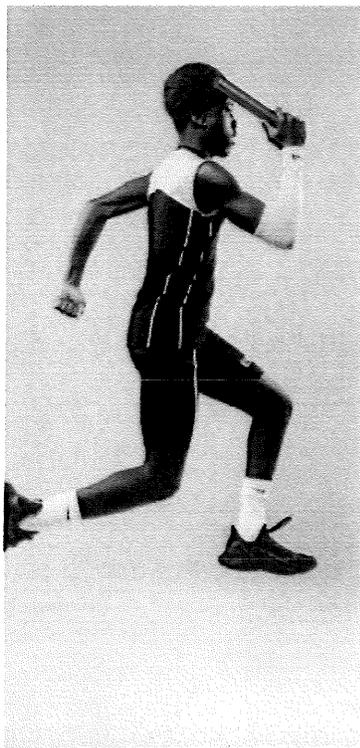
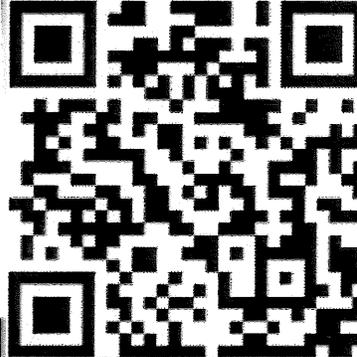
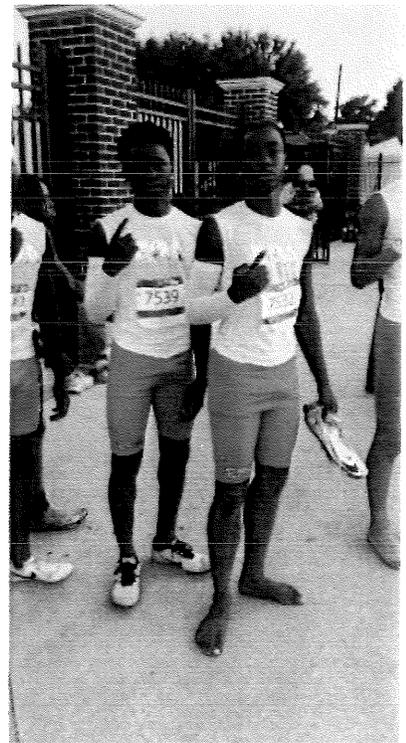
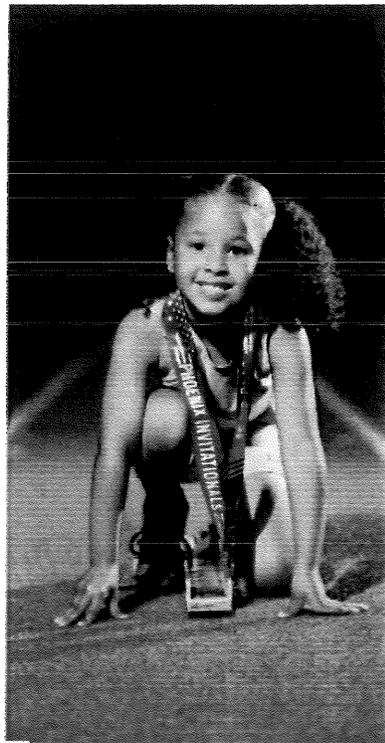
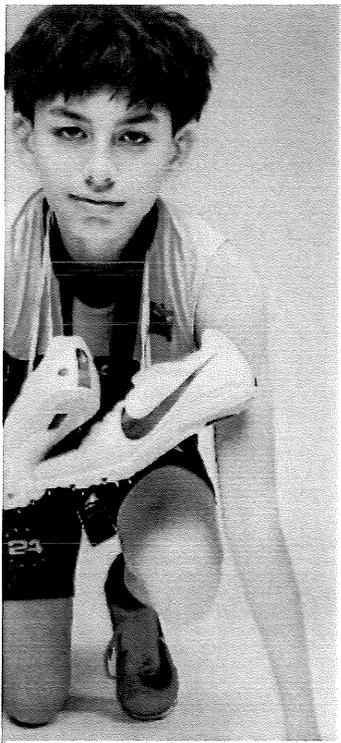
POLICY NUMBER: _____ **GROUP #** _____

Please return this form and payment to Coach Bolus in room 632

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DEER VALLEY
Unified School District



Dec 1st

Sandra Day O'Connor

Ages 5-18

EPA Track Club

Pre-Season Conditioning

Sprints | Mid Distance | Hurdles | Jumps | Throws