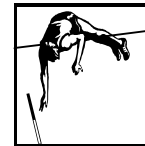


# TOMS RIVER TRACK AND FIELD CLINIC



**ROB ROMA AND BOB AMOS PRESENT:**

<b>POLE VAULT WITH BOB AMOS &amp; CHRIS MAZZA</b>	<b>HIGH JUMP WITH MIKE PASCUZZO</b>
<b>LONG JUMP/TRIPLE JUMP WITH NORM TATE</b>	<b>MIDDLE DISTANCE &amp; DISTANCE WITH RINGO ADAMSON &amp; MATT JELLEY</b>
<b>JAVELIN WITH PAUL PISANO &amp; DAVE WIRTH</b>	<b>SHOT PUT WITH JOE NAPOLI</b>

March 24<sup>th</sup> 10am – 3pm

## ALL-AMERICAN CLINICIANS

***BOB AMOS***

JUMPS COACH TOMS RIVER NORTH  
COACHED 5 GROUP IV STATE CHAMPS  
COACHED 4 ALL-AMERICANS  
PERSONAL BEST 15' 3"

***MIKE PASCUZZO***

3-TIME USA OLYMPIC TRIALS  
4-TIME US NATIONAL TEAM MEMBER  
2-TIME ACC CHAMPION  
PERSONAL BEST OF 7' 5 1/4"

***NORM TATE***

USA OLYMPIC TEAM MEMBER (TRIPLE JUMP)  
FORMER AMERICAN RECORD HOLDER (TRIPLE JUMP)  
7-TIME USA NATIONAL TEAM MEMBER  
PERSONAL BEST 55' 11" (TJ) 27' 1 1/4" LJ

***PAUL PISANO***

2-NCAA ALL-AMERICA  
3-TIME BIG EAST CHAMPION  
FINALIST 2004 OLYMPIC TRIALS  
PERSONAL BEST 254' 4"

***CHRIS MAZZA***

2-TIME HIGH SCHOOL ALL-AMERICAN  
4-TIME NEW ENGLAND CHAMPION  
4-TIME BIG EAST CHAMPION  
PERSONAL BEST 17' 2"

***JOE NAPOLI***

HIGH SCHOOL ALL-AMERICAN  
MID-ATLANTIC CHAIRMAN NATIONAL  
THROWS COACHES ASSOCIATION  
PERSONAL BEST 57' 11"

***MATT JELLEY***

HEAD COACH TOMS RIVER NORTH  
COACHED 13 ALL-AMERICANS  
WON 3 SOUTH JERSEY CHAMPIONSHIPS (XC)  
2001 NJ STATE COACH OF THE YEAR

***ROB ROMA***

HEAD COACH TOMS RIVER EAST  
COACHED HIGH SCHOOL NATIONAL CHAMPION  
COACHED 6 ALL-AMERICANS  
WON SOUTH JERSEY CHAMPIONSHIP (XC)

***RINGO ADAMSON***

2-TIME OLYMPIC TEAM MEMBER (JAMAICA)  
6-TIME WORLD CROSS-COUNTRY TEAM MEMBER  
8-TIME ALL-AMERICAN (GLASSBORO STATE)  
NEW JERSEY STATE COACH OF THE YEAR -INDOOR

**BENNETT INDOOR COMPLEX**  
**TOMS RIVER**

**BENNETT INDOOR COMPLEX**  
**TOMS RIVER**

(10am - 3pm)      **2007 CLINIC ENTRY FORM**      (SAT. - MARCH 24<sup>th</sup>)      **\$50**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN & STATE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ZIP CODE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ EMAIL (MANDATORY, PRINT) \_\_\_\_\_

EVENT (S) (CAMPER'S ARE ALLOWED TO PARTICIPATE IN 1 OR 2 EVENTS ONLY!):

HIGH JUMP \_\_\_\_\_ POLE VAULT \_\_\_\_\_ LONG JUMP/TRIPPLE JUMP \_\_\_\_\_ SHOT PUT \_\_\_\_\_ JAVELIN \_\_\_\_\_  
MIDDLE DISTANCE / DISTANCE \_\_\_\_\_

**PARENTAL CONSENT WAIVER:**

I HEREBY GRANT PERMISSION FOR MY SON OR DAUGHTER TO ATTEND THE "TOMS RIVER TRACK AND FIELD CLINIC". I VERIFY THAT MY CHILD HAS A PHYSICAL EXAM IN THE PAST YEAR AND IS ABLE TO PARTICIPATE IN THE ACTIVITIES RELATED TO THE CLINIC. I AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND TOMS RIVER REGIONAL SCHOOL DISTRICT, ALL CAMP CLINICIANS & STAFF, ALL CAMP SPONSORS 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. SHOULD MEDICAL TREATMENT FOR MY CHILD BE NECESSARY, I HEREBY AUTHORIZE ANY PHYSICIAN OR TRAINER SELECTED BY CAMP PERSONNEL TO ORDER AND CONDUCT MEDICAL OR SURGICAL PROCEDURES NECESSARY.

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

**SEND ENTRY AND PAYMENT TO:**  
**ROB ROMA**  
**HEAD BOY'S AND GIRL'S TRACK COACH**  
**TOMS RIVER HS EAST**  
**RAIDER WAY**  
**TOMS RIVER, NJ 08753**

**MAKE CHECKS PAYABLE TO:**  
**TOMS RIVER REGIONAL SCHOOLS**

**CONTACT: 732-300-8752**  
**rroma@trschoools.com**  
**\*LIMITED SPACE AVAILABLE!**