

“Apex Skip-Its” Jump Rope Camp

Summer 2019 - \$160

August 5th – 9th

8:30a – 11:30a

Jumper's name _____
(First) (Last) (Called)

Street Address _____

City _____ Zip _____ DOB _____ Age _____

Home phone _____ Grade _____ School _____ Jumper's height _____

Jumper's T-shirt size (circle one): YM YL AS AM AL AXL

How would you rate the athlete's skill level: A B C D # Clinics/Camps attended: ____
(A = highly skilled, D = beginner)

Guardian name _____ work number _____

Guardian email address _____ cell phone # _____

Guardian name _____ work number _____

Guardian email address _____ cell phone # _____

Salem Baptist Church Member: No Yes Athlete is: male female

In case of emergency, contact the following first: mother father

If parent cannot be reached, please call:

Name _____ Home phone _____ work/cell phone _____

Medical concerns _____

Special requests* _____

*Apex Skip-Its strives to meet the needs of each participant. However, depending on age & experience, two students might not be placed in the same development group. Group parity is our first priority.

Athlete's previous jump rope experience...

school team private tutoring other organized teams no organized experience

For office use:

Staff name _____

spreadsheet _____

Date of registration _____

email _____

Amount \$ _____ check # _____

signed policies _____

cash \$ _____

Paypal \$ _____

Apex Skip-Its Program Policies

- 1. Photography** - I permit the Apex Skip-Its to use pictures of my child as a program participant in promotional literature, promotional videos and the Apex Skip-Its Web site, which are published and used by the Apex Skip-Its. I understand that my child's name will not be published.
- 2. Accident Insurance** - Participants are responsible for their own accident insurance when participating in Apex Skip-Its programs.
- 3. Medications** – Apex Skip-Its does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the Apex Skip-Its may take appropriate action in the best interest of the child.
- 4. Blood Borne Pathogen Exposure** - I understand that, while my child is in the care of the Apex Skip-Its, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, the Apex Skip-Its will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the Apex Skip-Its will provide the name and telephone number of the child's attending physician to the staff member and/or volunteer.
I have read and agree with the statement and specifically authorize Apex Skip-Its to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member or volunteer who experiences such an exposure from my child.
- 5. Refunds** - I understand that non-attendance does not entitle me a refund. I understand that no refunds or adjustment are granted for illness, vacation or when Apex Skip-Its programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the Apex Skip-Its reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 45 days of cancellation. No refunds will be issued for cancellations received after the start of the program.
- 6. Sportsmanship** - As a parent or legal guardian, I understand that the Apex Skip-Its program is an instructional and fun club/clinic representing skill development, positive values and good fellowship. I will support the Apex Skip-Its goals, as well as the coaches and volunteers in teaching these values.
- 7. Salem Baptist/Facility concerns:** I understand that the adult or child that is registered for the clinic, and their parents or legal guardian, should be the only family members in the facility. Siblings are not allowed in the program area or the facility due to liability & facility/equipment concerns. If I cannot abide by these guidelines, our registered family member will be removed from the program.
- 8. Proper attire** – Tennis shoes (athletic & supportive footwear) are expected each day. No boots, flip flops, crocs, sandals or dress shoes are allowed.
- 9. Pick-up** – It is expected that a parent or listed guardian be on-time to pick up any student-athletes. If you are late you may jeopardize your child's further participation in the jump rope clinic.

In its practices, Apex Skip-Its does not discriminate on the basis of race, creed, disability, national or ethnic origin.

I have read and understand all the policies stated above.

Parent/guardian signature _____ Date _____