"Apex Skip-Its" Jump Rope Clinic

Summer 2020 - \$25/hour session

August 3rd, 5th, 6th & 7th (M, W, Th, F)

Session 1: 8:30 - 9:30, **Session 2**: 9:30 - 10:30, **Session 3**: 10:30 - 11:30AM

Jumper's name		(Last)	(Called)		
Street Address		(Lust)			
City	Zip	DOB	Age		
Home phone	Grade	School	Jumper's height		
How would you rate the athlete's		$\begin{array}{ccc} B & C & D \\ \end{array}$	# Clinics/Camps attended: □		
Guardian name	work number				
Guardian email address	cell phone #				
Guardian name	work number				
Guardian email address		cell phone #			
Athlete is: □ r	nale				
In case of emergency, contact the	e following first:	☐ mother	☐ father		
If parent cannot be reached, pleas	se call:				
Name	Home phone work/cell phone				
Medical concerns					
Session sign-up (list each s	ession – time & da	ate/s):			
Athlete's previous jump rope exp ☐ school team ☐		☐ other organized	teams		
For office use:		Staff name			
□ spreadsheet		Date of regi	stration		
□ email		Amount \$_	check #		
☐ signed policies			☐ cash \$ ☐ Paypal \$		

Apex Skip-Its Program Policies

- 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 I understand that my child's name will not be published.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. **Redline/Facility concerns**: All coaches & athletes will maintain the recommended social distancing guidelines. Only participants (no other family members) are allowed in the building. Water fountains will not be used (bring own water bottle). Hand sanitizer or hand washing is required. All physical contact will be avoided (no handshakes, high 5's, fist bumps, etc.). If I cannot abide by these guidelines, our registered family member will be removed from the program.

All staff and campers will have their temperatures taken before each session. Anyone with a temperature of 100.4 or above, and / or symptoms of any illness, per NCHHS guidelines, will be sent home.

· By sending your child to camp you are acknowledging that your child does not have or has not been in contact recently with anyone who has had a fever*, cough, shortness of breath or difficulty breathing, chills, new loss of taste or smell, vomiting or diarrhea. That they have not potentially been exposed** to COVID-19 or have reason to believe you/they have COVID-19.

*Fever is determined by a thermometer reading 100.4 or higher or by subjective signs such as flushed cheeks, fatigue, extreme fussiness, chills, shivering, sweating, achiness, headache, not eating or drinking. **Exposure is sharing a household or having close contact with anyone with COVID 19 or has symptoms of COVID 19

- **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 original control of the basis of race, creed, disability, national or ethnic original control of the basis of race, creed, disability, national or ethnic original control of the basis of race, creed, disability, national or ethnic original control of the basis of race, creed, disability, national or ethnic original control of the basis of race, creed, disability, national or ethnic original control of the basis of race, creed, disability, national or ethnic original control of the basis of the basis of race, creed, disability, national or ethnic original control of the basis of the basi
I have read and understand all the policies stated above.

Pare	nt/guard	ian signature	Date	