



JUMP ROPE TEAM

NEW BERN, NORTH CAROLINA

THIS TEAM ALLOWS CHILDREN TO FOSTER CONFIDENCE, DISCIPLINE, RESPONSIBILITY, AND LEADERSHIP, WHILE PARTICIPATING IN VARIOUS JUMP JUMP EVENTS, PRACTICES, AND COMPETITIONS.

FRANKIE COLEMAN, THE TEAM MENTOR, COACH, AND PHYSICAL EDUCATION TEACHER HAS SET THE GOAL OF THIS TEAM TO EXPOSE THE JUMPERS TO A VARIETY OF JUMP ROPE TECHNIQUES, THE BENEFITS OF EXERCISE, AND ENCOURAGES A LIFELONG HEALTHY LIFESTYLE.

LOCATION: BEN D. QUIN ELEMENTARY SCHOOL
NEW BERN, NC

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE # _____

SHIRT SIZE (SELECT ONE)

- | YOUTH | | ADULT | |
|--------------------------|--------|--------------------------|---------|
| <input type="checkbox"/> | SMALL | <input type="checkbox"/> | SMALL |
| <input type="checkbox"/> | MEDIUM | <input type="checkbox"/> | MEDIUM |
| <input type="checkbox"/> | LARGE | <input type="checkbox"/> | LARGE |
| | | <input type="checkbox"/> | X-LARGE |

SHORT SIZE (SELECT ONE)

- | YOUTH | | ADULT | |
|--------------------------|--------|--------------------------|---------|
| <input type="checkbox"/> | SMALL | <input type="checkbox"/> | SMALL |
| <input type="checkbox"/> | MEDIUM | <input type="checkbox"/> | MEDIUM |
| <input type="checkbox"/> | LARGE | <input type="checkbox"/> | LARGE |
| | | <input type="checkbox"/> | X-LARGE |

REGISTRATION & CLASS FEES

REGISTRATION	\$10.00	_____
CLASS FEE (PER 4 WEEKS)	\$35.00	_____
*LATE FEE	\$10.00	_____
(*AFTER 1ST WEEK OF ANY 4 WEEK PERIOD)		
JUMP ROPES (EACH)	\$6.00	_____
TOTAL		_____

MAKE CHECKS PAYABLE TO:
FRANKIE COLEMAN

SEND FORM AND PAYMENT TO:
FRANKIE COLEMAN
307 WILLOWBROOK COURT
NEW BERN NC
28562

(252) 637-1924
(252) 671-4841 CELL

PARTICIPANT RELEASE INDEMNITY AGREEMENT: (MUST BE SIGNED BY PARENT OR GUARDIAN)

We/I HERBY REQUEST THAT YOU ACCEPT THE APPLICATION FOR REGISTRATION FOR THE RIGHT STUFF JUMP ROPE TEAM FOR _____ CHILD'S NAME _____ AND IN CONSIDERATION, I HERBY RELEASE ALL PERSONS ASSOCIATED WITH THE RIGHT STUFF JUMP ROPE TEAM AND CRAVEN COUNTY SCHOOLS FROM ALL CLAIMS OR CAUSES OF ACTIONS ARISING FROM INJURY IN THE PARTICIPATION OF THE RIGHT STUFF JUMP ROPE TEAM. IF MEDICAL ATTENTION IS REQUIRED FOR AN INJURY OR ILLNESS WHILE PARTICIPATING, I GIVE PERMISSION FOR SUCH REQUIRED MEDICAL CARE AND I WILL BE FINANCIALLY RESPONSIBLE. I ALSO GIVE PERMISSION FOR THE RIGHT STUFF TO USE ANY FILMS, VIDEOS, OR PHOTOGRAPHS OF THE PARTICIPANT FOR PUBLICITY, ADVERTISING OR OTHER COMMERCIAL PURPOSES.

SIGNATURE (PARENT OR GUARDIAN)

DATE

