



**Jumpin' Jaguars Jump Rope Clinic
Monday, August 30, 2010
3:45–5:45 at Natcher Elementary**

Participant _____
Parent/Guardian _____

Address _____

Emergency Contact Phone _____
Email _____

Clinic Cost (Make checks payable to Jumpin' Jaguars)
\$12 for PRE-REGISTERED/PRE-PAID (check received by August 27th)
\$15 at the door

Bring your rope (clinic cost does not include rope)

- Ropes may be purchased onsite: \$4 Licorice rope or \$10 Beaded rope
- Concessions and Merchandise will be sold at all clinics

Please drop-off Pre-registrations at Natcher Elementary

Or

***Postmark by August 26th and mail to Jumpin' Jaguars,
1542 Cooper-Dearing Rd, Alvaton, KY 42122***

Participant Release and Indemnity Agreement

(Must be signed by each participant or parent/guardian if participant is under 18)

I/we hereby request your acceptance of this application for registration for me/my child _____ in the Jumpin' Jaguar Jump Rope Clinic(s). In consideration of your acceptance of this application, I/we hereby release all persons associated with the Jumpin' Jaguars and Warren County Schools from all claims and causes of action arising from injury to the participant in this clinic(s), whether such injury is the result of negligence or some other cause. If medical attention is required for injury or illness while at the clinic(s), I/we also give permission for such medical care and I/we shall be financially responsible. I/we also give my/our permission for the Jumpin' Jaguars to use any videos or photographs of the participant for publicity or promotional purposes.

signature

date