

Montana Super Skippers'

Registration form for One Day Workshop

Best for jumping

* Lace up Tennis Shoes

Suggested for practice:

* Water Bottle

* Shorts/ t-shirt

Jumper: _____ Age: _____ Birth date: _____

Parents/ Guardians _____ / _____

Address: _____

Home Phone: _____ Work Phones: _____ / _____

Cell Phones: _____ / _____ Email: _____

Insurance Co. _____ Policy #: _____

Allergies: _____ Special Conditions: _____

The undersigned participant, or in the event that the participant listed above is a minor, the undersigned parent or guardian of such minor, hereby assumes all risks incident to the participation by the participant jumping rope. All organizers, sponsors, supervisors, participant volunteers, and administrators connected with such events, their heirs, successors and assigns of and from all claims or cause of action arising from any injury to the participant resulting from jumping rope, whether the injury is result of some other cause. If medical attention is required for injury or illness during the event, I give my permission for such medical care. I also give my permission for any film videos or photography for the participant for publicity, advertising or other commercial purpose.

Parent/ Guardian: _____