



WELCOME TO THE LITTLE LEAPER PROGRAM!

LITTLE LEAPERS IS A NON-COMPETITIVE, RECREATIONAL SKIPPING PROGRAM THAT IS COACHED BY CURRENT MEMBERS OF THE LINCOLN LEAPERS COMPETITIVE JUMP ROPE TEAM.

THE PROGRAM RUNS SEPTEMBER THROUGH APRIL, FOR CHILDREN AGES FIVE AND UP. THESE INSTRUCTIONAL CLASSES ARE EVERY WEDNESDAY FOR AN HOUR. CHILDREN LEARN DIFFERENT JUMP ROPE SKILLS INCLUDING, BUT NOT LIMITED TO; DOUBLE DUTCH, SPEED, POWER, ROPE TURNING, AND VARIOUS SKIPPING TRICKS. PROGRAMS ARE TAILORED TO THE INDIVIDUAL'S SKIPPING ABILITY.

THE GOAL OF THE LITTLE LEAPER PROGRAM IS TO PROVIDE A FUN, RELAXED, SAFE AND HEALTHY, NON-COMPETITIVE ENVIRONMENT FOR ALL PARTICIPANTS TO GET ACTIVE AND LEARN THE SPORT OF JUMP ROPE!

THE LITTLE LEAPER TEAM CONSISTS OF HEAD COACHES, COACHES, PARENT LIAISONS, AND PROGRAM COORDINATOR. COACHES AND LIAISONS ARE ALWAYS AVAILABLE TO YOU. THERE IS AT LEAST ONE PARENT LIAISON PRESENT DURING EACH CLASS. DO NOT HESITATE TO APPROACH A PARENT LIAISON AT ANY TIME. LIAISONS ARE ON THE GYM FLOOR, TO THE LEFT OF THE GYM. IF YOU HAVE ANY QUESTIONS OR CONCERNS OUTSIDE OF CLASS, VIA EMAIL @ little-leapers@hotmail.com

THANK YOU SO MUCH FOR YOUR COOPERATION AND PARTICIPATION. WE ARE LOOKING FORWARD TO ANOTHER FANTASTIC LITTLE LEAPER SEASON.



www.lincolnleapers.com



PERSONAL AND MEDICAL INFORMATION FORM

PARTICIPANT INFORMATION

PARTICIPANT'S NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

DATE OF BIRTH: DD ____ /MM ____ /YR ____ AGE: _____

CONTACT INFORMATION

1. PARENT/GUARDIAN NAME _____

HOME PHONE # _____

WORK # _____ CELL # _____

EMAIL ADDRESS: _____

2. PARENT/GUARDIAN NAME _____

WORK # _____ CELL # _____

HOME PHONE # (IF DIFFERENT): _____

EMAIL ADDRESS (IF DIFFERENT): _____

ALTERNATE CONTACT-NAME: _____ NUMBER: _____

MEDICAL HISTORY & INFORMATION

ALLERGIES: _____ EPI PEN: YES OR NO (CIRCLE)

ASTHMA: _____ INHALERS: YES OR NO (CIRCLE)

NOTE ANY MEDICAL CONDITIONS:

MEDICATIONS:

OTHER RELEVANT INFORMATION/CONCERNS:

I HEREBY GRANT PERMISSION TO LICENSED HOSPITALS AND/OR HEALTH CARE STAFF MEMBERS TO ADMINISTER IMMEDIATE MEDICAL TREATMENT AS DEEMED NECESSARY TO MY CHILD SHOULD HE/SHE BE INJURED DURING A LITTLE LEAPER CLASS.

FUTHER, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF EXPENSES, IF ANY, INCURRED RELATING TO MY OWN CHILDS MEDICAL TREATMENT.

PARENT/GUARDIAN (PRINT) PARENT/GUARDIAN (SIGNATURE) DATE

PAYMENT AND REFUND POLICY

1. REGISTRATION FEE IS \$225.00 FOR 24 WEEKS AND INCLUDES ONE T-SHIRT AND ONE SKIPPING ROPE
2. PAYMENT AND COMPLETED REGISTRATION FORMS MUST BE RECEIVED TOGETHER.
3. CHEQUES MADE PAYABLE TO THE LINCOLN LEAPERS
4. SEND COMPLETED FORMS with payment to Lincoln Leapers PO Box 104, Grimsby ON L3M 1M0 or EMAIL COMPLETED FORMS to little-leapers@hotmail.com and mail payment with payment and refund policy page to Lincoln Leapers PO Box Grimsby ON L3M 1M0
5. NO POST DATED CHEQUES WILL BE ACCEPTED
6. THERE WILL BE A \$25.00 CHARGE FOR NSF CHEQUES
7. A NSF CHEQUE WILL RESULT IN FORFEIT OF THE PARTICIPANTS PLACE IN THE PROGRAM
8. A \$75.00 ADMINISTRATION FEE APPLIES TO ALL REFUNDS
9. **FEES WILL BE REFUNDED ACCORDING TO THE FOLLOWING:**
\$150.00 REFUND UP TO THE 3rd WEEK OF CLASSES,
NO REFUND THERE AFTER

I HAVE READ AND UNDERSTAND THE ABOVE.

PARENT/GUARDIAN (PRINT) PARENT/GUARDIAN (SIGNATURE) DATE

PROGRAM INFORMATION

24 CLASSES STARTING SEPTEMBER (DATES TO BE DETERMINED)

CLASSES: WEDNESDAY AT SENATOR GIBSON SCHOOL, BEAMSVILLE

ONE HOUR CLASS 5:30 – 6:30 _____

6:30 – 7:30 _____

T-SHIRT SIZE: YOUTH S (6-8) _____ M (10-12) _____ L (14-16) _____

ADULT S _____ M _____ L _____

ADMINISTRATION USE ONLY

DATE OF PAYMENT: _____

CASH _____ CHEQUE _____ CHEQUE # _____ AMOUNT PAID _____

RECEIPT # _____ DATE RECEIPT GIVEN _____



POLICIES AND CODE OF CONDUCT AGREEMENT

ATTENDANCE

1. ATTENDANCE IS TAKEN AT EVERY SESSION
2. NO REFUNDS WILL BE GIVEN FOR MISSED CLASSES
3. ANY CANCELLED CLASSES WILL BE RESCHEDULED, TIME PERMITTING

AS A PARENT I WILL:

1. REMEMBER THAT MY CHILD SKIPS FOR THEIR ENJOYMENT, NOT MINE
2. ENCOURAGE MY CHILD TO FOLLOW THE RULES AND TO RESOLVE CONFLICTS WITHOUT RESORTING TO HOSTILITY OR VIOLENCE
3. TEACH MY CHILD THAT DOING ONES BEST IS WHAT IS IMPORTANT
4. REMEMBER THAT CHILDREN LEARN BEST BY EXAMPLE. I WILL APPLAUD GOOD PERFORMANCES BY MY CHILD AND OTHERS
5. NEVER FORCE MY CHILD TO PARTICIPATE AND NEVER QUESTION THE COACHES/VOLUNTEERS JUDGEMENTS IN PUBLIC - I WILL TAKE MY CONCERNS TO THE PROPER PEOPLE AND WILL ARRANGE A MEETING WITH THE COACH WITH MY CONCERNS
6. I WILL SHOW RESPECT AND APPRECIATION FOR THE VOLUNTEER COACHES AND THOSE WHO GIVE THEIR TIME AND ENERGY TO PROVIDE JUMP ROPE ACTIVITIES THAT HELP MY CHILD DEVELOP AND GROW
7. I ACKNOWLEDGE THAT I AM WELCOME TO STAY AND OBSERVE FROM THE DESIGNATED AREA ONLY
8. FOLLOW THE RULES OF THE VENUE OUT OF RESPECT FOR THE COACHES, VOLUNTEERS, AND VENUE LIASONS

PARENT'S NAME _____ DATE: _____

PARENT'S SIGNATURE _____

REQUIRED EQUIPMENT

1. ALL PARTICIPANTS ARE REQUIRED TO WEAR PRACTISE CLOTHING FOR SAFE PARTICIPATION – INCLUDING PROPER INDOOR ATHLETIC SHOES AND SPORTS CLOTHING. BARE FEET OR SOCKS ONLY ARE NOT ALLOWED. HAIR MUST BE TIED UP NEATLY.
2. ALL MEMBERS ARE TO BRING THEIR OWN WATER BOTTLES TO EVERY CLASS.

I HAVE READ THIS AGREEMENT, HAVE DISCUSSED THE ABOVE WITH MY CHILD AND AGREE TO ALL TERMS ABOVE.

PARENT/GUARDIAN (PRINT)

PARENT/GUARDIAN (SIGNATURE)

DATE



PUBLICITY WAIVER AND RELEASE FORM

MY SON/DAUGHTER _____ WILL BE PARTICIPATING IN THE LITTLE LEAPER RECREATIONAL JUMP ROPE PROGRAM. I AGREE TO HAVE ANY PHOTOS, VIDEOS, AND/OR AUDIO RECORDINGS TAKEN OF MY CHILD TO BE USED EXCLUSIVELY BY THE LINCOLN LEAPERS FOR PROMOTIONAL PURPOSES. THESE MEDIUMS MAY INCLUDE THE LINCOLN LEAPER WEBSITE @ www.lincolnleapers.com , NEWS PAPER ARTICLES, AND PRESS RELEASES.

I AM THE PARENT/GUARDIAN OF THE PARTICIPANT AND AGREE TO THE TERMS AS STATED ABOVE.

PARENT/GUARDIAN (PRINT) PARENT/GUARDIAN (SIGNATURE) DATE

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND COMPELTED THIS ENTIRE REGISTRATION FORM AND THAT IF IT IS NOT COMPLETED IN ITS ENTIRETY THAT IT MAY EXCLUDE MY CHILD FROM PARTICIPATING IN THE PROGRAM.

PARENT/GUARDIAN (PRINT) PARENT/GUARDIAN (SIGNATURE) DATE



WAIVER FORM AND RELEASE

I, _____ AS A PARENT/GUARDIAN OF MY SON/DAUGHTER _____, ACKNOWLEDGE MY CHILD'S DESIRE TO PARTICIPATE IN THE LITTLE LEAPERS RECREATIONAL JUMP ROPE PROGRAM.

I GIVE MY CHILD PERMISSION TO PARTICIPATE IN ALL ACTIVITIES IN THE LITTLE LEAPER PROGRAM. I CONFIRM THAT MY CHILD IS IN GOOD PHYSICAL CONDITION AND CAN PARTICIPATE WITHOUT HESITATION. I UNDERSTAND THAT THE SPORT OF JUMP ROPE CARRIES SOME RISK OF INJURY TO THE PARTICIPANT. I ASSUME ALL RISKS, LIABILITIES, AND HAZARDS ASSOCIATED WITH SUCH PARTICIPATION AND DO WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS THE LINCOLN LEAPERS' EXECUTIVE, VOLUNTEERS, AND COACHES REGARDLESS OF WHETHER THERE WAS NEGLIGENCE ON THE PART OF THE LINCOLN LEAPERS. I AGREE TO INDEMNIFY OR PAY THE LINCOLN LEAPERS ANY LOSSES, COSTS, EXPENSES, OR CLAIMS SUBMITTED ON BEHALF OF MY CHILD AS A RESULT OF INJURY.

BY SIGNING, I ACKNOWLEDGE HAVING READ AND UNDERSTAND THIS FORM AND AGREE TO ABIDE BY THE CONDITIONS.

PARENT/GUARDIAN (PRINT) PARENT/GUARDIAN (SIGNATURE) DATE



2019-2020 Ontario Rope Skipping Organization Waiver/Release Form

This form covers all Ontario Rope Skipping Organization (ORSO) Rope Skipping Canada (RSC) SANCTIONED practices, demonstrations, recreational members, competitions and workshops for the 2019-2020 season.

*** All athletes/coaches/managers/presidents/judges and volunteers at ORSO events (workshops and competitions) MUST submit a signed release form to the Ontario Registrar . All participants must be registered members of ORSO prior to the event. Competitors/Coaches must be full members of ORSO and RSC before participating in competitions.

Name of Participant: _____
Home Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Birthdate: (athletes only) _____(yyyy/mm/dd)
CLUB Name: _____

Please indicate membership type (by circling)

Athlete Coach Judge President/Manager Volunteer (including marshalling & score room)

- Please note that the Ontario Rope Skipping Organization (ORSO) policy and safety guidelines require that all athletes wear clothing for safe participation, including athletic running shoes and sport clothing that allows freedom of movement and will not pose a safety problem for the participant or others. Jewellery or gum chewing is not allowed.

I agree to allow any photos, videos and/or audio recordings taken of the participant named above, at any skipping event to be used exclusively by ORSO/RSC or the Club for promotional purposes. These mediums may include but not limited to the Club, ORSO or RSC websites as well as facebook, newspaper articles and press releases or livestreaming of any ORSO/RSC sanctioned events.

By signing this waiver, I agree to adhere to and abide by the rules and regulations Ontario Rope Skipping Organization (ORSO) The host club(s) and owner(s) of rented/donated space for practices, workshops, demonstrations and competitions, assume no responsibility for any injury to the above named member or loss or damage to the member or loss or damage to any property.

This release must be signed and dated.

Parent/guardian signature (participant under 18 years) _____

Signature of participant (participant 18 years or over) _____

Signature of witness: _____ Date: _____



Rope Skipping Canada

Saut à la Corde Canada

2019-2020 Rope Skipping Canada Waiver/Release Form

This form covers all Rope Skipping Canada (RSC) SANCTIONED practices, demonstrations, competitions and workshops for **2019-2020** season. For more information on how to obtain an RSC Sanction visit: <https://www.ropeskippingcanada.com/downloads.html>

*** All athletes/coaches/managers/presidents/judges and volunteers at workshops and competitions MUST submit a signed release form to their Provincial Organization. All participants, where possible, must be registered members of their Provincial organization (where applicable) and RSC prior to the event.

Name of Participant: _____
Home Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Phone: _____ **Birthdate: (athletes only)** _____ (yyyy/mm/dd)
CLUB Name: _____

Please note that the Rope Skipping Canada insurance policy and safety guidelines require that all athletes wear clothing for safe participation, including athletic shoes and sport clothing that allows freedom of movement and will not pose a safety problem for the participant or others. Jewelry or gum chewing is not permitted.

I agree to allow any photos, videos and/or audio recordings taken of the participant named above, at any skipping event to be used exclusively by RSC for promotional purposes. These mediums may include the Club, Provincial or RSC websites as well as newspaper articles and press releases or livestreaming of any RSC sanctioned event.

By signing this waiver, I agree to adhere to and abide by the rules and regulations of RSC, Rope Skipping Alberta Association (RSA), JumpRope B.C.(JRBC), Ontario Rope Skipping Organization (ORSO) and Rope Skipping Association of Nova Scotia (RSANS). The host club(s) and owner(s) of rented/donated space for practices, workshops, demonstrations and competitions, assume no responsibility for any injury to myself or loss or damage to myself or loss or damage to any property.

This release is only valid if signed and dated.

Parent/guardian signature (participant under 18 years) _____
Signature of participant (participant 18 years or over) _____
Signature of witness: _____ **Date:** _____