

Cathedral of Christ the King Jump Rope Team Registration

Thursdays, starting September 22, 2016 4:00-5:00 CTK Gym

Return to: Karen Kirkland, Christ the King, 412 Cochran Rd. 40502



Name _____ Gender _____

Address _____ Grade _____

E-Mail Address _____

Fee - \$35.00 per child Parent's Name _____

Home Phone _____ Cell Phone _____

Health Insurance Name and Policy # _____

School _____ T-shirt size – Child S M L Adult – S M L XL

Please list any allergies, medical conditions, special needs, shyness, ADHD – anything that we should know to assist us in making your child's experience a wonderful, faith-filled time: _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this Jump Rope Team and that I will be notified as soon as possible in the event of an emergency. In the case of sickness or an accident, I authorize and consent the Jump Rope Team, or other associated volunteers of the Jump Rope program to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or other legal guardian(s) cannot be reached. I hereby do release and forever discharge this Diocese, Parish and/or Organization from all manners of actions, claims which I or the child named above shall or may have for any reason, arising during my child's attendance of the Jump Rope Team. Unless other written instruction is submitted, I also consent to allowing my child's image to be recorded, either by photograph or video, and used during the Jump Rope days or for future advertisement of Parish children's programs. Any other use will require your further consent.

Parent / Guardian Signature

Date

