

Juneau Jumpers is a non-profit youth sports organization. Proceeds fund competition and training travel expenses.

To Register, mail this form with payment (\$125 per camp session you are registering for) to:
Karen Ross, 14060 Glacier Hwy, Juneau, AK 99801

To assure there is still room in a camp, call 321-8987 and check on camp availability.

Confirmation of enrollment will be emailed or phoned once registration/payment is received.

Juneau Jumpers Skill Camp Registration

CAMP (circle all that apply): June 7-11 July 12-16 Aug 16 - 20

Name _____ **Age** _____ **Phone** _____

Mailing Address _____

Email _____

Jumper _____ **is a new jumper/** _____ **has jumped in a school program** _____ **YEAR(S)**

Medical Release/Waiver Form 2010 Summer Camp

For _____

Emergency contacts if parents cannot be located:

Name _____ Relationship _____ phone # _____

Name _____ Relationship _____ phone # _____

Any physical conditions, injuries of illnesses we should be aware of _____

Drug/food/medication allergies or sensitivities _____

Regular medications: _____

Does your child wear glasses? ___Y___N Contact lenses? ___Y___N Other? _____

Do you give permission for your child to receive, administered by a coach, Tylenol or Ibuprofen, in the advised package dosage for minor aches/pain (headache, cramps)? _____

I, _____ certify that I am the parent/legal guardian of _____
_____. I hereby give full permission after every effort has been made to contact me, for one of the Juneau Jumper coaches to secure/give consent to any medical attention/treatment needed for the above child during the summer camp time period of June 7 to June 11, 2010, July 12 to July 16, 2010, or August 16 to August 20, 2010. I fully authorize any qualified doctor or hospital to furnish said treatment, and obligate myself to said doctor(s) or hospital for the payment of reasonable fees for their services. I understand that Juneau Jumpers does not carry activity insurance and I hereby release all persons associated with the Juneau Jumpers of and from all claims or causes of actions arising from injury to the above named child resulting from participation or travel with the team. I also understand that accident insurance is my responsibility.

Signature of Parent/Guardian

Date