

# WELCOME TO THE JUNGLE

**WHEN:**  
**JUNE 12-15, 2018**

**TIME:**  
**9:00AM-4:00 PM**

**WHERE:**  
**MONTESSORI  
ACADEMY OF  
CINCINNATI  
8293 DUKE  
BLVD**

**STAFF &  
CAMPER  
SHOW  
FROM 3-4 PM  
FRIDAY, JUNE  
15<sup>TH</sup>  
FREE TO THE  
PUBLIC!!**

**FOR  
INFORMATION  
& TO  
REGISTER:  
COMETSKIPPERS.ORG**



## **JUNE 12-15, 2018 COMET SKIPPERS SUMMER DAY CAMP**

The Comet Skippers are hosting a world class Jump Rope Summer Day Camp! Children from age 6 thru adults are welcome. This camp will offer instruction for all levels, from the beginner to the advanced. Elements to be taught include **Single Rope, Chinese Wheel, Double Dutch and more!** You do not need to be on a team to attend. Camp will be taught by regional, national and world champion jumpers that have been featured in films such as **Jump In, Jack and Jill and War Room.** The Comet Skippers have jumped for the **Cincinnati Bengals, The Harlem Globetrotters,** and at many regional events. JUMP on in with the Comet Skippers!





# 2018 COMET SKIPPER SUMMER DAY CAMP REGISTRATION

One form per person is required. Online registration also available at [www.cometskippers.org](http://www.cometskippers.org).

Name: \_\_\_\_\_

Grade/Age: \_\_\_\_\_ Team/School: \_\_\_\_\_

Circle level of jump rope experience: Basic Elementary Intermediate Advanced

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell/Work: \_\_\_\_\_



## Medical Release and Indemnity Agreement

I hereby request that you accept this application for registration in the 2018 Comet Skippers Jump Rope Day Camp for (participant's name) \_\_\_\_\_ and in consideration of your acceptance of this application, I hereby release Comet Skippers Inc., Mason City School Board, and all of its facilities and employees and all persons associated with the Comet Skippers Jump Rope Day Camp, of and from all claims or causes of injury to the participant arising from participation in the event, whether such injury is a result of negligence or some other cause. If medical attention is required for injury or illness while at the Jump Rope Day Camp, I give permission for such medical care and will be financially responsible. I also give permission for photography and or video to be taken and used in the future for possible promotion of the camp.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participation: \$275.00\* \$ \_\_\_\_\_  
(\*Fee is \$300.00 if payment is after June 1<sup>st</sup>, 2018)

Circle T Shirt Size: YS YM YL AS AM AL AXL Included (I) / extra \$12.00

Total: \$ \_\_\_\_\_

Checks payable to: Mason City Schools  
Mail to 2018 Summer Day Camp, P.O. Box 898 Mason, Ohio 45040  
Questions? Email [coaches@cometskippers.org](mailto:coaches@cometskippers.org) or call (513) 235.2225

