



# Competitive Jump Rope Team Open Tryout!

Ages 4-18

**Saturday September 4, 2010  
5:30-7:00 pm**

**Please call 703-590-8400 to sign up  
Walk-in's are discouraged!**

**Come and  
Try out  
it's Free!**



YOUTH SPORTS **Jump Rope FX™**  
Is a nationally recognized competitive jump rope team and  
we are very proud of our many state, regional and national champions

Try-out is for children ages 4-18 wishing to participate and compete for the Youth Sports Jump Rope FX competitive jump rope travel team. This is a "open tryout" anyone wishing to try out may do so. Experience is not necessary!

Jumpers who do not possess the required skills will be referred to the Youth Sports Jump Rope Class program. This class program covers the specific skills needed to make the team. There will be a second try-out in November

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**JUMP ROPE**

**Youth Sports**

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Walk-in's are discouraged!

Located at Prince William Parkway and Minnieville Road Woodbridge, Virginia 703-590-8400



# YOUTH SPORTS VIRGINIA TRAINING CENTER

## JUMP ROPE TEAM TRY-OUT INDEMNITY FORM PARENT/GUARDIAN SIGNATURE REQUIRED FOR PARTICIPATION (Please Print Clearly)

### PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Health / Medications / Allergies \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Additional Phone # \_\_\_\_\_

### INSURANCE / PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy/ID # \_\_\_\_\_

*I fully understand that Youth Sports Center Staff members are not Physicians or Medical Practitioners of any kind. With the above in mind, I hereby release the Youth Sports Staff to render first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Youth Sports Staff to call our doctor and to seek medical help, including transportation by a Youth Sports Staff Member or its representatives, whether paid or volunteer, to seek any health care facility or hospital, or the calling of an ambulance for said child should the Youth Sports Staff deem this to be necessary.*

*We, the staff of Youth Sports Training Center recognize our obligation to make our students and their parents aware of the risks and hazards associated with the sports of gymnastics, jump rope, trampoline, tumbling, cheerleading, fencing, martial arts and dance. Students may suffer injuries, possibly minor, serious or catastrophic in nature. Gymnastics, jump rope, trampoline, tumbling, cheerleading, fencing, martial arts and dance, can be dangerous and lead to injury.*

*Parents should make their children aware of the possibility of injury and encourage their children to follow all safety rules and the coaches' instructions. The Youth Sports Training Center, its coaches and other staff members, will not accept responsibility for injuries sustained by any student participating in the Youth Sports Summer Camp Program.. With the above in mind, and being fully aware of the risks and possibility of injury involved, I consent to have my child or children participate in the programs offered by Youth Sports Training Center. I, my executors, or representatives, waive and release all rights and claims for damages that I or my child may have against Youth Sports Training Center or its representatives whether paid or volunteer. I also affirm that I now have and will continue to provide proper hospitalizations, health and accident insurance coverage which I consider adequate for both by child's protection and my own protection. I also understand that it is the parents' responsibility to warn the child about the dangers of gymnastics and injury. The parent should warn the child according to what the parent feels is appropriate. Youth Sports Training Center will only warn the child through "Safety Messages" and our teaching styles and progressions.*

*I/We also give Youth Sports Training Center permission to use any videos or photographs of the participant for publicity or promotional purposes.*

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature if over 18 years old. \_\_\_\_\_ Date: \_\_\_\_\_