

Winter Jump Rope Camp

Hosted by



When: February 6, 2016

Where: 6100 S. Mason Montgomery Road, Mason High School Gym

Time: Doors open at 8:30 am. Come early to size your ropes ☺

9:00-3:15 Jump Rope Workshop

3:30 Staff Show

Break those winter blues and join the Comet Skippers for a fun and fit New Year! If you are a competitive jumper, use this as a final workout to polish up those routines. If you are thinking about try outs, this is a great day to learn more about jump rope before trying out for a team. Or, if you just want to come have fun – we have lots of that, too! This workshop will teach **all** levels of jump roping skills from the very basic to advanced. Youth and adults are all welcome to attend. Skills in speed, single rope, double dutch, chinese wheel and long rope will be taught by highly skilled jumpers.

Staff: This clinic will be taught by Regional, National and World Champion jumpers from the Comet Skippers along with a few guest teachers.

Cost: \$30.00 Workshop fee before 1/22/2016. \$40.00 after 1/22/2016

What to bring:

- Bring a healthy lunch and a water bottle. Light concessions will be available.
- Jump rope if you have one. We have them for sale for \$3.00 or \$10.00 if needed.
- Tennis shoes that lace up
- Shorts and t-shirt
- Girls should have their hair pulled back in a pony tail.
- Great attitude!!

For more information contact:

Coach Yvonne Hill

(513) 235-2225 or coaches@cometskippers.org



Winter Camp Registration Form

Name: _____ Grade: _____

Address: _____

Street

City

State

Zip

Home phone: _____ Cell phone: _____

Emergency Contact: _____ ph# _____

Team/School: _____

Please circle level of jumper: Basic Elementary Intermediate Advanced

Medical release and Indemnity Agreement

I hereby request that you accept the application for registration in the Comet Skippers Winter Camp of (participant's name) _____ and in consideration of your acceptance of the application, I hereby release Comet Skippers, Mason City Schools' Board of Education, and all of its facilities and employees and all persons associated with the Comet Skippers Winter 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 workshop, I give permission for such medical care and will be financially responsible.

Signature: _____ Date: _____

Workshop Participant

_____ **\$30/\$40***

Total \$ _____

**Denotes payment after Jan. 22nd*

Make checks payable to: Comet Skippers

Please mail to:

Comet Skippers 2016 Winter Camp

P.O. Box 898

Mason, OH 45040