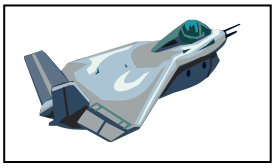
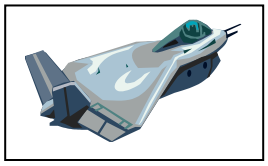


2013 REGISTRATION FORM



R.A. JONES JETS "GET FIT STAY FIT" Program

Serving: 6TH – 8th Graders of R.A. Jones Middle School

Session #3: Monday & Wednesday (2:45-4:00)

January 13th – February 14th

Get Fit Stay Fit Physical Activities – funded by the PEP Grant. This is a great opportunity for your child(ren) to receive instruction to get them interested in sports and lifetime physical activities to improve their health! To register your child, parents/guardians will need to complete this two-sided registration form in full and return it to the school**. Registration is on a first come, first serve basis, however it does not guarantee a spot in the program.** Students may only register for one activity per session! Those who do not make enrollment will be placed on a waiting list.

Student Information			
Student Name			
Grade Level			
Street Address			
City/State/Zip			
Gender (Circle)	Male Female	D.O.B.	

Please put in order of priority your wish to register for these activities. Example, if you like two of them number 1 and then 2 of importance. We will try to honor your 1st priority but at least then you have other choices made:

Session #2 Activities

- ☐ Boot camp with Mrs. Webb and Ms. Caldwell – Limit 20 (Grades 6th – 8th) Monday and Wednesday
- ☐ Cycling with YMCA Instructor – Limit 11 (Grades 6th – 8th) Monday and Wednesday
- ☐ Latin Dance/Zumba– Limit 30 (Grades 6th – 8th) Monday and Wednesday Sciaraffia

Registration forms MUST be returned by Tuesday, December 17th, 2013.

Parent Acknowledgements (please check):

- ☐ I understand that this program meets weekly on the school site, directly after school on Mondays and Wednesdays and is only open to students' grades 6th – 8th for session 1. **The students would attend on both Monday and Wednesday unless otherwise stated.**
- ☐ I am aware that transportation home from the program is the parent/guardians responsibility. **Students must be picked up at 4:00 pm.** Tardiness from pick-up could lead to dismissal from the program.
- ☐ I understand that if my child does not attend the program each week, designated days, his/her spot will be given to a child on the waiting list.
- ☐ I acknowledge that the Get Fit Stay Fit Program – Activity Group follows the Boone County School and R.A. Jones Middle School Code of Conduct.
- ☐ I understand that if I have any general or registration questions I should contact the school.
- ☐ I am aware that the instructors of this activity program are not responsible for personal property lost or stolen while enrolled in the program.
- ☐ I understand that the school can use photographs, film footage, audio, or video tape recordings, which may include my child's image or voice for the purposes of promoting and interpreting Boone 4 Health (PEP) programs and services.
- ☐ I understand that R.A. Jones Middle School assumes no responsibility for injuries or illness which my child may sustain as a result of his/her physical condition or resulting from the participation in any activities, programming, use of any equipment, exercise, or any other activity at and through the duration of the Jones Get Fit Stay Fit Fitness Program. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries/illness, which may result from my child's participation in these activities. I hereby release and discharge R.A. Jones Middle School, its agents, servants, and employees from any and all claims or injury, death, loss, or damage, which my child may suffer as a result of their participation. I understand that the instructors and administration will hold my child accountable to the Code of Conduct, and may restrict his/her access to the program upon breach of the code. I acknowledge the waiver set forth above and, being in sympathy with the mission statement of R.A. Jones Middle School, I hereby accept the policies and procedures for the Jones Get Fit Stay Fit Program.

Parent Signature: _____ Date: _____ / _____ / _____

2013 REGISTRATION FORM
GET FIT STAY FIT PROGRAM
Medical Form

Emergency Medical Authorization

A parent/guardian must provide the Jones Jets Fitness Program consent for emergency medical treatment to be initiated for their child in the event of an emergency. A parent/guardian may also refuse to grant consent.

Parent/Guardian Contact Information	
Emergency Contact #1	
Phone #1	
Phone #2	
Emergency Contact #2	
Phone #1	

Medical Preferences and Health History

This section allows you to indicate preferences in doctors/medical facilities and also allows an opportunity to communicate any health history information that can help us ensure a safe and happy experience for your child.

Please list any information regarding special medical issues, special dietary needs, allergies, etc. for your child.

Designated Preferred **Physician**	Name:
	Phone:
Designated Preferred **Dentist**	Name:
	Phone:
Designated Preferred **Hospital**	Name:
	Phone:

Current Diagnoses		Dietary Modifications	
Current Medications		Allergies (Foods, Meds, Insects, etc.)	
Disabilities/Operations/ Serious Injuries		Behavioral/Sensory Considerations	
Chronic/Reoccurring Illnesses		Miscellaneous Information	

Pick Up Authorization Codes

For safety and security measures, during pickup we require a photo ID. Please review the following:

- Adults picking up a child must provide an ID. This includes parents/guardians.
- Parent/Guardian must provide legal documents upon any custody agreements/arrangements made within the court system, etc. regarding who can and/or cannot pick up child/children.
- If a child is a walker then a walker form must be asked for by R.A. Jones Middle School office staff, completed and signed prior to the child walking home.