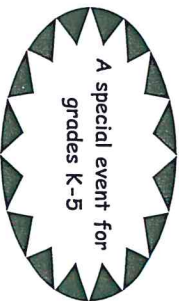
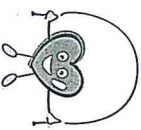


# FISH Jump Rope Extravaganza



Crown Pointe Academy



# FISH TEAM



The Fitness Inspired School Health Team wants to provide Elementary Students the opportunity to come and play at school to show support for Jump Rope for Heart. We will host an Open Gym filled with jumping and jump roping! All activities will be led by FISH Team members! To participate, parents/guardians must sign and return the permission form by Wednesday, February 21st at 3:45pm. Dates and times are listed below. The event is open to CPA students only. Be sure to have the students bring their tennis shoes.

Crown Pointe Academy

- The Open Gym date is:
- Wednesday, Feb. 21st
  - Open gym times will be: 3:45pm to 5:00 pm

\*Check out more FISH, PE, Intramurals info @ [www.crownpointepe.blogspot.com](http://www.crownpointepe.blogspot.com)



Wiggle, Wiggle, Write and Whirl... and don't forget to Bubble!

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Physical Education  
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Westminster, CO 80031  
Phone: 303-428-1882 ext. 318  
Email: [qj.nerne@crownpointeacademy.org](mailto:qj.nerne@crownpointeacademy.org)



## Crown Pointe Academy Permission for Participation in Extra-Curricular Activity

Student Name \_\_\_\_\_ has my permission to participate in the  
Activity Fish Jr. Jump Rope on Wed, Feb. 21, 2018  
Date(s)

I understand that if my child will be riding from this activity with anyone other than her/his legal parent/guardian, I will provide in writing the name of the person transporting my child. I understand that Crown Pointe is not responsible for payment of medical treatment that may result from my child's participation. I agree that the guidelines and policies of Crown Pointe Academy are to be followed during the event and if a problem arises, I will be available to immediately pick my child up from the activity.

### Authorization and Consent to Treat Minor:

Pursuant to Colorado Civil Code:  
The undersigned to hereby authorize Crown Pointe Academy personnel or such substitute as he/she may designate as a gent for the undersigned to consent to X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named child, which is deemed advisable by and to be rendered under general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Act or any dentist licensed under the Dental practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere

The authorization will remain effective while the above minor is enroute to or from or involved or participating in the event listed above, unless revoked in writing by the undersigned and delivered to the aforementioned agent.

Student Grade \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone number(s) where parent/guardian can be reached during the activity \_\_\_\_\_