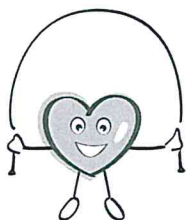


# FISH Jump Rope Extravaganza



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 Roping and the 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 Thursday, January 23 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.

Open Gym: 1/23/2020

Open Gym Time: 3:45–5:00

Location of FISH Activities:  
CPA Gymnasium

Crown Pointe Academy

The Open Gym date is:

- Thursday, January 23

Open gym times will be:

- 3:45pm to 5:00 pm

\*Check out more FISH, PE,  
Open Gym info @

[www.crownpointepe.blogspot.com](http://www.crownpointepe.blogspot.com)



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

# Crown Pointe Academy

## Permission for Participation in Extra-Curricular Activity

\_\_\_\_\_ has my permission to participate in the  
Student Name

FISH Jr. - Jump Rope on Thursday, January 23, 2020.  
Activity 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 agent 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