

# Mark your calendars and get your ropes ready! April 8, 2017

Churchville, MD

USA Jump Rope is *EXCITED* to announce our *Maryland All-Star Workshop* in Churchville, Maryland, April 8th. The workshop is hosted by the *Hoppin' Hawks* of Churchville, MD coached by Megan Reith. Participants will learn from the absolute **best** in the sport of jump rope –*the USA Jump Rope All-Star Team* members! Participants will learn Single Rope, Double Dutch, Chinese Wheel, Long Ropes and Traveler. All USA Jump Rope members and non-members are invited to attend. *All ages and ability levels are welcome!* 

The host team will sell light concessions. We will provide lunch order information a few weeks before the event to those registered. The ending show will be the **most awesome closing ceremony and staff show you have ever seen! That's a promise!** 

We have identified suggested hotels if you require overnight accommodations. We have not blocked rooms but they have very good rates and are close to the venue. Suggested hotels are:

- Residence Inn Aberdeen at Ripken Stadium- <a href="http://www.marriott.com/hotels/travel/bwide-residence-inn-aberdeen-at-ripken-stadium">http://www.marriott.com/hotels/travel/bwide-residence-inn-aberdeen-at-ripken-stadium</a> 410-272-0444
- Hilton Garden Inn Aberdeen- <a href="http://hiltongardeninn3.hilton.com/en/hotels/maryland/hilton-garden-inn-aberdeen-BWIABGI/index.html">http://hiltongardeninn3.hilton.com/en/hotels/maryland/hilton-garden-inn-aberdeen-BWIABGI/index.html</a> 410-272-1777
- Comfort Inn and Suites Aberdeen Near APGhttps://www.choicehotels.com/maryland/aberdeen/comfort-inn-hotels/md196 - 410-273-6300
- Wingate by Wyndham Aberdeen/Belcamp- <a href="http://www.aberdeenwingate.com/">http://www.aberdeenwingate.com/</a> 410-272-2929

### **Workshop Information:**

Workshop: All-Star Workshop for all ability levels and ages

Date/Time: April 8, 2017 – 9:00: a.m. – 3 p.m. with staff show to follow

USAJR Members: \$45 (workshop)

Non-Member Fee: \$55 (USAJR recreational membership & workshop)

### **Workshop Location:**

Churchville Recreation Center Level Rd. 3023 Level Rd. Churchville, MD 21028

## Register by March 17th, this workshop will fill up fast!

The All-Star Team has helped gain opportunities and visibility for our sport, which helps USA Jump Rope better achieve its goals of expansion and growth. Join us for one of the best workshops around! If you have any questions about the workshop, please feel free to call the USA Jump Rope office at 936-295-3332 or email us at <a href="mailto:info@usajumprope.org">info@usajumprope.org</a>.



# 2017 ALL STAR WORKSHOP PARTICIPANT REGISTRATION

Name:		N	/Iembership #
Address:			
City:		State:	Zip:
Area Code/P	Phone:	Email:	
Gender: Ma	le Female (circle one)	Birthdate//_	Age
Team:	cable	C	Coach:
If applie	cable	_	If applicable
	orkshop – April 8, 2017 – Ch	urchville Recreation Cen	
□ \$55 non-n	members (USAJR recreation JR members (workshop)		
□ <b>\$15</b> Work	sshop t-shirt (optional) Size: Y	YS YM YL AS AM	AL AXL (circle size needed)
Payment Int Total Payme	formation: ent: \$		
☐ Chec	ck enclosed payable to USAJ	<b>I</b> R	
	lit Card Payment: VISA / Nount #		
	e on Card		

# USA JUMP ROPE ALL-STAR WORKSHOP



## PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

Name:	
Team:	
Birthdate:	
Check all that apply and complete information:  ☐ We (or) I hereby request your acceptance of this Rope All-Star Workshop to be held <b>April 8, 20</b>	
Name of Participant	(please print)
In consideration of your acceptance of this application staff or persons associated with the USA Jump Rope causes of action arising from injury to the participant at of negligence or some other cause. If medical attention workshop, we (or) I give my permission for such mesponsible. By signing this form, we (or) I attest to insurance coverage plan. We (or) I also give permission and/or photography of the participant for publicity, as purposes.	®, as its designated host, from all claims and this workshop, whether such injury is the result on is required for injury or illness while at the nedical care and we (or) I will be financially this fact that we (or) I have a valid medical on for the USA Jump Rope® to use any videos
Signature of Participant	Date
Parent or Guardian if participant is under 18	Date
Name of Team	Name of Coach (if applicable)