

**Jackson Local School District**  
**Summer Physical Education Program**  
**Summer 2021**

Parents:

Jackson Local Schools will be offering a summer physical education program for students entering or enrolled at Jackson High School for the school year of 2021-2022. Students who successfully complete this course will earn 1/4 credit. The Classes will begin on Tuesday, June 1, and will conclude on Friday, June 11. The day starts at 8:00 a.m. and ends at 2:45 p.m. Students will be transported by the school district buses to different locations each day. Students may wish to bring healthy snacks or lunches, but we stop at various locations where students can purchase lunch.

The cost of the class will be \$275.00, which includes all costs of the program except for any snacks and/or beverages that your student may wish to purchase at sites. **The fee must be paid at the time of registration. Eighth graders at Jackson Memorial Middle School can register in the JMMS Athletic Office. Current high school students and new students to the district can register at Jackson High School Student Services Office. All forms (registration form, emergency medical form, and Trailhead Canoe Liver waiver form) must be completed along with the \$275 (checks payable to Jackson Local Schools) fee at the time of registration. Registration will only be accepted April 19 through April 23.**

**Please Note: Students will meet and be picked up at the Jackson Memorial Middle School. Door #1E**

Please remember students may complete only one of the two required physical education classes through the summer physical education program. The second must be taken through the regular school year before the student graduates.

Information regarding what group each person will be in, what bus each person will be on, and what daily activities they are participating in will be sent home late May. Special requests for group and bus assignments will not be made.

If you have any questions, please contact Harold Fisher at 330-830-8034, extension 3506.

## REGISTRATION INFORMATION:

- WHEN:** April 19 through April 30
- WHERE:** For present eighth graders: Jackson Middle School Athletic Office  
For present JHS students: Jackson High School Student Services Office  
For all new students: Jackson High School Student Services Office
- COST:** \$275.00 paid at time of registration (receipts given upon request)  
Please make checks payable to **JACKSON LOCAL SCHOOLS.**
- REFUNDS:** No tuition will be refunded after the first meeting of the class.  
No tuition will be refunded if the student is expelled or removed from class for discipline or attendance reasons. If Jackson Local School District must cancel this class for any reason, the tuition will be refunded in full.
- ATTENDANCE:** Due to the limited number of days of summer school, attendance is much more demanding. Each day of the class is equivalent to about eight days of regular school; therefore, **students MUST NOT miss more than one day of class.** The second day of absence will result in dismissal and forfeiture of tuition. Students will not be excused for picnics, camping, vacations, or similar activities.
- STANDARDS:** Summer school class operates within the policies of Jackson Local Board of Education. All rules and regulations found in the student handbook will also apply. **Students are expected to complete all physical education activities.** An example of activities included in the program are: basketball, biking, bowling canoeing, disk golf, hiking, kick ball, swimming, and tennis.
- DRESS:** Students should follow the Jackson High School dress code, except that girls may wear shorts which are mid-thigh in length, hemmed, and appropriate for school. Spandex shorts or short-shorts are not acceptable. The air conditioning at some locations may necessitate wearing jeans and having a sweater or sweatshirt for comfort. Tennis shoes are required (no sandals).
- TIME/LOCATION:** **June 1-11 - 8:00 a.m. to 2:45 p.m.**  
Students must report to the **front circle (Mudbrook Rd)** of Jackson Memorial Middle School by 8:00 a.m. each day. Because the class is held at various locations, students cannot be tardy. Students should have their rides pick them up no later than **3:00 p.m. in front of the Middle School.**

**2021 SUMMER PHYSICAL EDUCATION REGISTRATION FORM**

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Home Phone Number: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Grade student will be entering in the Fall of 2021: \_\_\_\_\_

**In case of emergency, we should reach:**

Contact #1 Name : \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For Guidance Department Use:

Drop Out of Schedule \_\_\_\_\_ Leave In Schedule \_\_\_\_\_

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I have read and understand the information concerning the Summer School 2021 Physical Education Program, including attendance, refunds, dress code, and rules and regulations.

PARENT SIGNATURE: \_\_\_\_\_



Participant Release of Liability and Assumption of Risk Agreement
READ BEFORE SIGNING!

PARTICIPANT NAME: (Please Print): \_\_\_\_\_

In consideration of being allowed to participate in any way in the program-related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

- 1.) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2.) I knowingly and freely assume all such risks, both known and unknown, even arising from the negligence of the Releasees or others, and assume full responsibility for my participation.
3.) I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4.) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Trailhead Canoe Livery, its officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors, and liability arising out of or related to any injury, disability or death I may suffer, otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_
Participant's Signature Age (if younger than 18) Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER 18 YRS. AT TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_
Parent/Guardian Signature [ ] I am 18 or older Date



Participant Release of Liability and Assumption of Risk Agreement
Please review the following procedure and ensure your understanding before you ride your rental bicycle or any other product that we have issued to you.

PARTICIPANT NAME: (Please Print): \_\_\_\_\_

- 1. I understand that this bicycle is a vehicle and is subject to all vehicular laws, which I agree to abide by.
2. I assume all risks and hazards involved with bicycling and assume all personal liability in case of injury.
3. I have been properly instructed in and fully understand the use of quick-release mechanisms, brakes, and gears.
4. In consideration of the services to me by Ernie's Bicycle Shop or the product loaned to me by Ernie's Bicycle Shop, in the event of an occurrence, accident, or loss while operating said product, I hereby agree to release and hold harmless Ernie's Bicycle Shop and its employees from any and all claims and causes of action, liabilities, costs, or losses for property damage or physical or mental injuries relating to or in any manner connected with the equipment loaned to me by Ernie's Bicycle Shop. I also agree that this release binds my spouse, heirs, domestic partner, legal representatives, and assigns.
5. I acknowledge that this product has been loaned to me in sound mechanical condition and will be returned in sound condition.
6. I assume and agree to pay for all damages incurred to this equipment which are not deemed as "normal wear and tear." Including: Crashed or damaged components, derailleurs, shifters, rims/wheels, saddles, handlebars, frame, and fork.

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THAT MY SIGNATURE REPRESENTS AGREEMENT TO ALL OF THESE CONDITIONS.

X \_\_\_\_\_
Participant's Signature Age (if younger than 18) Date

Minors: Parent/Guardian Signature

I represent that I am the parent or legal guardian of the below named individual and that I have read, fully understand, and agree to all of the above stated conditions.

[ ] Yes, I want a helmet
[ ] No, I have a helmet
[ ] No, I do not want a helmet

X \_\_\_\_\_
Parent/Guardian Signature [ ] I am 18 or older Date