

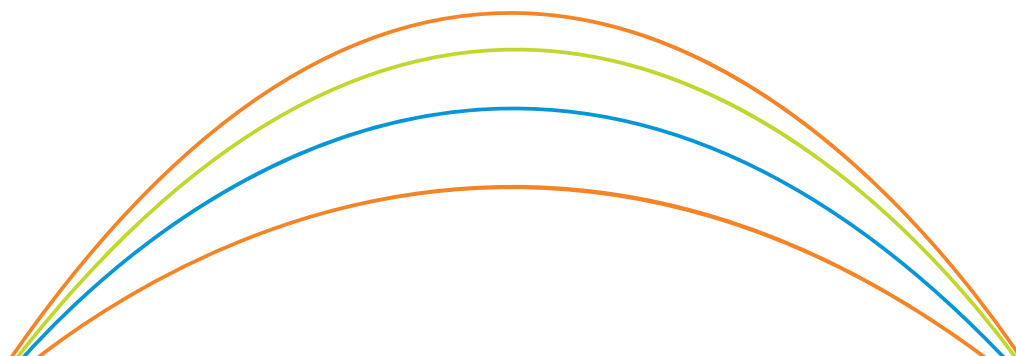


Principals and Coaches Packet

spectrumhealth.org/jump-jam
616.329.5541
info@jumpjam.org

2019 Planning Dates

Date	Action
February 1, 2019 choose one: 12 p.m. or 4:15 p.m.	LifeQuest Building 1115 Alto Ave. SE (entrance) Grand Rapids, MI 49507
By February 1, 2019	Student Recruitment Materials Distributed (posters, registration forms)
February 4, 2019 - February 28, 2019	Student Recruitment
February 28, 2019	Phase I Registration Deadline (Student registration forms emailed to info@jumpjam.org)
March 8, 2019	Student Jump Ropes Distributed
March 11, 2019 - April 19, 2019	Student Practice Period (1 hour min. and 2 hour max, per week)
March 29, 2019	Phase II Registration Deadline
March 29 - April 5, 2019	Spring Break
April 12, 2019	Jump Jam Event Itinerary Distributed via Email
April 20, 2019	Jump Jam - DeVos Place Exhibit Hall



What is Spectrum Health Jump Jam?

Spectrum Health Jump Jam is a no-entry fee jump rope competition for 3rd-5th grade students in the Greater Grand Rapids area. Spectrum Health has partnered with your school district to offer this opportunity to compete. Each school will designate a coach and times for practice 1-2 hours per week. The students will have up to 6 categories from which they can choose to compete.

Jump Jam has the goal of promoting health and wellness to meet the mission of Spectrum Health, which is to improve the health of the communities we serve.

On Saturday, April 20, 2019, Jump Jam will bring hundreds of students together under one roof to compete for 1st, 2nd and 3rd place Jump Jam trophies per grade and category! There will be raffle giveaways for the spectators and a good time for all who attend the no-entry fee event, which is open to the public.

Jump Jam Outcomes and Benefits

- Physical fitness activities for students to promote health and wellness
- Families and community members joining together to support students
- Creating the foundation for a long-standing, student-based, health-focused event

Jump Jam Structure

Jump Jam registration period opens on Monday, February 4, 2019 and ends on Thursday, February 28, 2019. Registration forms should be submitted to school office.

Jump Jam is open to all Grand Rapids Public Schools, Kentwood Public Schools and all Wyoming Public School districts students in grades 3-5. Students will compete with others within their grade.

Practice can begin the week of March 11, 2019 if the student has been registered by February 28, 2019. Each school will determine their own practice schedule. Each team will practice a minimum of one (1) hour a week for 5 weeks (excluding Spring break.)

The Jump Jam competition takes place on Saturday, April 20, 2019 at DeVos Place, Exhibit Hall, 303 Monroe Ave NW. It is an all-day event, and the public is admitted free. Complimentary lunch will be provided for Change to all Jump Jam student participants the day of the event.

Registration for Jump Jam

Phase I Registration - Coaches may register students to compete in Jump Jam by emailing completed "Jump Jam Student Registration" forms, in addition to the "Jump Jam Coach's Cover" form, to info@jumpjam.org by February 28, 2019 (forms located on pages 6, 7 & 8). All registered students will receive a complimentary jump rope for their participation in Jump Jam!

Phase II Registration - All registered students can compete in up to 3 of the 6 competitive categories outlined in the tables below. It is recommended that each student competes in no more than 3 of the 6 categories. All students should be registered for their competitive categories by March 29, 2019. The Phase II registration form will be issued to each coach after their team is registered for Phase I. Students are competing against all students within their grade. If students assigned to a team are in multiple grades, the team will compete against students in the highest grade of the team member on their team.

Rules and Regulations

1. No team shall be allowed to name their team to include 'Spectrum Health', 'Jump Jam', 'Jumpin' All Stars' or any derivative thereof. For example, a team named "Jump Jammers" will not be allowed. All submitted team names will be subject to approval by the Jump Jam staff, and a confirmation will be given to each coach after the registration period expires.
2. Teams are encouraged to create their own team "uniform" using the school district's dress code policy as their guide. Please note: all Jump Jam participants will be given a sports "bib" that identifies them with a number during the competition.
3. The following behaviors will not be tolerated and will result in the offender being disqualified and asked to leave the event site immediately:
 - Pushing, shoving or otherwise fighting with a program employee, official, coach, participant or spectator.
 - Bullying, harassing, using profanity, or behaving in an insubordinate fashion toward an event employee, official, spectator or participant.
 - Any conduct that is considered detrimental to the welfare of the event.
 - Participants and coaches will be disqualified for making derogatory remarks or actions toward event officials, other participants or program employee (i.e., taunting).
 - Coaches will be held responsible for any misconduct among their participants.

Competitive Categories

In order to accommodate students at all jumping levels, please select up to 3 events - no more than one for each category - A, B, C, and D. All categories are for jumpers in Grades 3-5. Video demonstrations of all events are available at spectrumhealth.org/jump-jam.

Category A

Individual Event	Description
Iron Kid (Jump events in any order)	Speed - 30 seconds Criss-Cross - 30 seconds Double-Under - 30 seconds

Category B

Individual Event	Description
Basic Jump	One Kid / One Rope How many jumps in 60 seconds (Both feet hit ground once; no double bounce.)
Individual Speed	One Kid / One Rope How many jumps in 60 seconds (Jogging step - right foot landings.)

Category C

Individual Event	Description
Single Long Rope	2 Turners and 1 Jumper How many jumps in 60 seconds (Both feet hit ground once; no double bounce.)
Double Dutch Speed	2 Turners and 1 Jumper How many jumps in 60 seconds (Jogging step - right foot landings)

Category D

Individual Event	Description
Speed Relay (4 jumpers)	Each of the 4 jumpers does speed jump for 30 seconds.

Coach's Registration Cover Form



Please write legibly.

Coach's First and Last Name: _____

School Name: _____

Team Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Telephone: _____ Text Capabilities? Yes _____ No _____

Jump Jam Coach's T-shirt Size _____ (leave blank if you already have a T-shirt)

Check the boxes below to indicate which years you've coached Jump Jam:

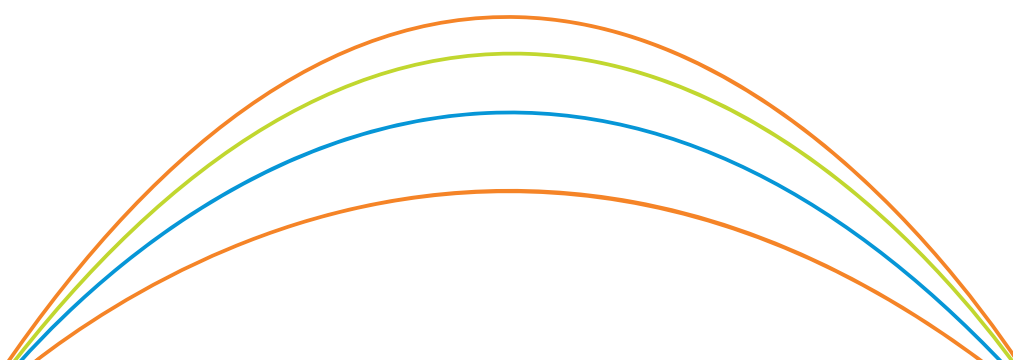
2013 2014 2015 2016 2017 2018

Assistant Coach's Name, Email and T-shirt Size (if applicable)

Practice Schedule (1-2 hours per week): _____

How Many Student Registrations Forms Attached? _____

Completed coach's registration forms, along with student registration forms should be submitted to **info@jumpjam.org** by Phase I registration deadline. Please call **616.329.5541** with any questions.



Student Registration Form



Please write legibly.

School Name: _____

Student Name: _____

Grade: _____ Male _____ Female _____

Parent Name: _____

Telephone: _____ May we text? Yes _____ No _____

Address: _____

City: _____ Zip: _____

Email Address: _____

Emergency Contact Name & Number: _____

To be read and signed by the parent/guardian: I certify that the above named child is in good health and capable of participating in this program safely. If photographs are taken during the season, my child has permission to be photographed, and I understand I will not be remunerated if they are used for publicity. I agree to help my child get to and from practices and to the event on time and will help my child learn good sportsmanship. I do hereby, for myself, my heirs, executors, administrators and assigns, waive and release all rights and claims for damages which I may or which may after accrue to me against my child's school, its sponsors, agents, representatives, with entry or participation in Jump Jam.

Signature of Parent/Guardian: _____ Date: _____
(Parent/guardian signature is required.)

To be read and signed by the student: Yes, I want to participate on my school's Jump Jam team. I understand that my parents, the principal, teacher and coach will monitor my grades, attendance, and behavior, and they will determine if I remain eligible to participate during the school year. I will make every effort to attend all practices, arrive on time, listen to the coach, and display good sportsmanship.

Signature of Student: _____ Date: _____

Completed registration forms should be submitted to the school office.

Parent Code of Ethics

1. I will encourage good sportsmanship by demonstrating positive support for all participants, coaches, and officials.
2. I will place the emotional and physical well-being of my child ahead of a personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
5. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
6. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
7. I will remember that the event is for the youth—and spectated by the adults.
8. I will do my very best to make youth sports fun for my child.
9. I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
10. I will ask my child to treat other participants, coaches, fans, and officials with respect regardless of race, creed or ability.
11. Event host reserves the right refuse the admittance or remove any individual.

Parent Signature

Date

Spectrum Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
[81 FR 31465, May 16, 2016; 81 FR 46613, July 18, 2016]

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.359.1607 (TTY: 711).

إذا كنت تتحدث اللغة العربية، فيمكنك الحصول على المساعدة اللغوية المتاحة مجانًا. اتصل على الرقم (TTY: 711) 1.844.359.1607.