

# Participant Information

I ALSO FUNDRAISED ONLINE



Student Name \_\_\_\_\_ Email Address (MUST INCLUDE TO RECEIVE THANK YOU GIFT) \_\_\_\_\_

School Name \_\_\_\_\_ School City \_\_\_\_\_ Grade \_\_\_\_\_ Teacher Name \_\_\_\_\_

## Donor Information

PLEASE PRINT CLEARLY AND LIST OFFLINE DONATIONS ONLY TO ENSURE RECEIPTS FOR AMOUNTS OF \$20 AND OVER ARE ISSUED, UNLESS OTHERWISE SPECIFIED. PLEASE WRITE A PERSONAL CHEQUE FOR ANY CASH COLLECTED. ALL CHEQUES SHOULD BE PAYABLE TO: HEART AND STROKE FOUNDATION.

DONOR'S NAME(FIRST AND LAST)	ADDRESS	CITY	POSTAL CODE	PHONE NUMBER	EMAIL	DONATION AMOUNT	Under 18 (X)

Running out of room? Add additional pages that capture each donor's information as above. Remember to return all pages.

**MAKE ALL CHEQUES PAYABLE TO THE HEART AND STROKE FOUNDATION**

**Please follow these steps to return any funds you have collected:**

1. Write a personal cheque for any cash collected (payable to Heart and Stroke Foundation)
2. Complete this form, including the student name and contact information, fundraising details and donor information
3. Package the cheques and pledge form together and return to your school

**TOTAL AMOUNT ENCLOSED**

\$ \_\_\_\_\_

**I choose to donate my thank you gift back to the Heart and Stroke Foundation**

**ALBERTA DISCLAIMER**  
 In Alberta, the projected revenue for the 2023/2024 Jump Rope for Heart campaign is 500,000 at a cost of \$106,400 (excluding overhead allocations). It is important to note that this cost includes the Heart and Stroke Foundation's vital investment in health education and public awareness. Heart and Stroke Foundation of Canada, 2300 Yonge Street, Suite 1200, Box 2414 Toronto, ON, M4P 1E4 1-877-882-2582 Regional Director, West 1 888 473-4636 Charitable #10684-6942 RR0001 Incorporated under the Canada Not-For-Profit Corporations Act.

**WAIVER — PLEASE READ AND SIGN**  
 I acknowledge and understand that by participating in Jump Rope for Heart my child will be engaged in physical activity and that there are risks associated with such activity. I understand the risks and will take the necessary precautions to ensure that my child participates safely and within his/her limits. I understand that my child's participation is voluntary and accommodations are available for those who require them. I have read and completed the Acknowledgement of Risk [Form found here](#).

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of Participant \_\_\_\_\_ Signature of Guardian \_\_\_\_\_