



**St. Patrick's School presents F.A.S.T.
Athletics Super-Sports After School Programs**

Get up, get going, and get active with F.A.S.T. Athletics Super Sports Program. F.A.S.T. Athletics will offer a variety of sports and games each week such as: Soccer, Dodgeball, Relay races, Gaga Ball, Basketball, T Ball, and Kickball. Programs will include warm-up games as well as learning basic skills of each sport. Each class will end with a high energy game with the sport played that day.

STUDENT NAME _____
ADDRESS _____
HOME PHONE _____ **WORK PHONE** _____
EMERGENCY CONTACT INFO/CELL PHONE _____

EMAIL ADDRESS _____
GRADE _____ **AGE** _____ **TEACHERS NAME** _____
Allergies _____ (If your son or daughter has asthma, please make sure they have an inhaler with them. The school nurse may not be present during after school hours)

CHECK PROGRAM:

■ NEW 10 Week Super-Sports Session - GRADES Pre-K
Program Dates: Thursday April 11, 18, 25, May 2, 9, 16, 23, 30, June 6, 13
Time: 2:25-3:25 Price: \$155.00

Consent and Release Form

My son/Daughter is in good health and has my full permission to participate in the F.A.S.T. Athletics Programs. He/she has no previous illness or bodily injury that is contradictory to participation. In the event I cannot be reached, I hereby authorize emergency or other medical treatment for my child that may be deemed necessary. I, the undersigned, individually and as the parent or guardian of the below minor, ask that he/she be admitted to participate in the F.A.S.T. Athletics Program. In consideration of such admission, I do hereby release, discharge, and hold harmless F.A.S.T. Athletics, its officers, agents, coaches, of and from all causes, liabilities, damages, claims, or demands whatsoever on account of injury or accident involving said minor arising out of the minor's attendance at the F.A.S.T. Athletics program or in the course of competition and/or activities in connection with the program. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I knowing and freely assume all such risks.

Childs Name (Please Print) _____
Parent Signature _____ **Date** _____

REGISTRATION DIRECTIONS: Please make check payable to St. Patrick's School and return with completed application form to the attention of main office. **All registration forms must be received before the start of the program.**

Is your child going to after care? _____

Who will be picking your child up? _____