



## Holy Angels Regional School presents F.A.S.T. Athletics Super-Sports After School Sports Program

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, Baseball, Gaga Ball, Basketball, Dodgeball, Kickball and many more! Programs will include warm up games as well as learning the 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 \_\_\_\_\_ ALLERGIES, IF ANY \_\_\_\_\_

(If your son or daughter has asthma, please make sure they have an inhaler with them)

### ☒ **NEW 6 week Super-Sports Session – GRADES K-2**

**Program Dates: WEDNESDAY April 10, 17, 24, May 1, 15, 29**

**Time: 2:45-3:45 Price \$100.00**

### ☒ **NEW 6 week Super-Sports Session – GRADES 3-5**

**Program Dates: FRIDAY April 12, 19, 26, May 17, 31, June 7**

**Time: 2:45-3:45 Price \$100.00**

#### 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. **Child's Name (Please Print)** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### REGISTRATION DIRECTIONS:

Please make \$100.00 **check payable to Holy Angels Regional School** and send to the attention of the Main Office. All Checks must be received before the start of the program. Space is limited so please don't wait! Please make sure your child has sneakers with them to change into.