F.A.S.T. athletics

fitness • agility • skills • teamwork

Meadow Drive PTA presents
F.A.S.T. Athletics Co-ed Super-Sports
After School Program

F.A.S.T. Athletics will offer a variety of sports and games each week such as: Soccer, Dodgeball, Wiffle Ball, Gagaball, Basketball, and Kickball. 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.

CHILD'S NAME_____HOME PHONE_____
GRADE_____ AGE_____ Allergies_____(If your son or daughter has asthma, please make sure they have an inhaler with them)
EMERGENCY CONTACT INFO_____CELL PHONE_____
EMAIL ADDRESS_____
TEACHERS NAME_____

Check Program

- **NEW 10 Week Super-Sports Session – GRADES K-2**
  Program Dates: MONDAY September 23, October 7, 21, 28, November 4, 18, 25, December 2, 9, 16 Price: $130.00 Pick up Time: 4:00

- **NEW 11 Week Super-Sports Session – GRADES K-2**
  Program Dates: TUESDAY September 24, October 8, 15, 22, 29, November 12, 19, 26, December 3, 10, 17 Price: $143.00 Pick up Time: 4:00 December 3rd is a half day class, pick up us at 12:30

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.

Childs Name (Please Print)_____
Parent Signature_____ Date_____

REGISTRATION DIRECTIONS:

Please make $130 or $143 check payable to F.A.S.T. Athletics and return with completed application form to the main office with **ATTENTION: F.A.S.T. Athletics.** All registration forms must be received by September 20th. Credit card payments can also be made on our website. www.fastathletics.com, click the register/parent form button. Completed registration form still needs to be submitted to the school.

*******We need parent volunteers to sit outside of the gym during each after school session. Please fill out the information below if you can help us. It would be very helpful if you could sign up for one session. Thank you.*******
Name _____ Phone Number_____Dates _____