



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 each week such as: Soccer, Baseball, Basketball, Gaga Ball, Dodgeball, Flag Football, 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.

**These Programs are for ALL SKILL levels. EVERYONE is invited and encouraged to participate!!!**

STUDENT  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

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 4-7 Program Dates: Monday's  
September 24, October 1, 15, 22, 29, November 5, 19, 26, December 3 and  
10 Time: 2:25-3:25 Price \$120.00 (25 Student Max)

### 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 **\$120.00** 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.

[www.fastathletics.com](http://www.fastathletics.com)