



Indian Hollow School PTA 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, Basketball, Running Bases, Capture the Flag, Dodgeball, Gagaball, and Kickball. Each Program will include warm up games as well as learning the basic skills of each sport.

STUDENT NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____
 EMERGENCY CONTACT INFO/CELL PHONE _____

EMAIL ADDRESS _____
 GRADE _____ AGE _____ TEACHERS NAME _____
 ALLERGIES, IF ANY _____ (If your son or daughter has Asthma, please make sure they have an inhaler with them, nurses office may be locked during program time)

CHECK PROGRAM

NEW 5 week Super-Sports Session – GRADES K-2
Program Dates: Wednesday January 16, 23, 30, February 6 & 27
Time: 3:30-4:30 Price \$68.00 25 student max!

NEW 7 week Super-Sports Session – GRADES K-2
Program Dates: Friday January 18, 25, February 1, 8, 15, & March 1
Time: 3:30-4:30 Price \$88.00 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 \$68.00 or \$88.00 **check payable to Indian Hollow PTA** and send to the attention of the Main Office. All Checks must be received before January 15th

www.fastathletics.com