



Nassakeag Elementary School presents F.A.S.T. Athletics Super-Sports After School Programs for 1st-6th Grade Students

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, Capture the Flag, Basketball, Flag Football, Gagaball, Dodgeball and Kick-ball. 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.

CHILD'S 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)

CHECK PROGRAM:

NEW 8 week Super-Sports Session - GRADES 1-6
Program Dates: October 11, 18, 25, November 8, 15, 22, December 13, 20 **Time: 4:00-5:00** **Price: \$130.00**
Place: The Big Gym (Children will be split into two groups, grade 1-3 and 4-6)

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 \$130.00 check payable to Nassakeag PTA and return with completed application form to FAST ATTN: Nicole Babis in the main office. **All registration forms must be received no later than October 8th. Registrations will be taken in the order they are received.** Any questions, please email Nicole at nicolebabis@optonline.net

Please list persons with permission to pick up your child? _____

Is your child returning to SACC Y___ N___ GC/em and PG/em