



**Nassakeag Elementary 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 and games each week such as: Soccer, Baseball, Capture the Flag, Basketball, Flag Football, Gagaball, Dodgeball 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.

APPLICATION FOR F.A.S.T. Athletics

CHILD'S NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE _____ WORK PHONE _____
 EMERGENCY CONTACT INFO/CELL PHONE _____
 EMAIL ADDRESS _____
 GRADE _____ AGE _____ Allergies _____ (If your son or daughter has Asthma, please make sure they have an inhaler)

CHECK PROGRAM:

- **7 week Super-Sports Session – GRADES 1-3 Program Dates: Fridays October 6, 13, 20, 27, November 3, 17, December 1
Time: 4:00-5:00 Price: \$85.00 Place: The Big Gym**

- **7 week Super-Sports Session – GRADES 4-6 Program Dates: Fridays October 6, 13, 20, 27, November 3, 17, December 1
Time: 4:00-5:00 Price: \$85.00 Place: The Big Gym**

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 \$85.00 Check payable Nassakeag PTA and return with completed application form to FAST ATTN: Erin Marzovilla in the main office. All registration forms must be received no later than October 3rd ErinMarzo@optonline.net

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