

**F.A.S.T. Athletics FEBRUARY VACATION Sports Program!**

Get up, get going, and get active this February with F.A.S.T. Athletics. F.A.S.T. Athletics will offer a variety of sports and games each day such as: Soccer, Capture the Flag, Floor Hockey, Gaga Ball, Pilo Polo, Baseball, Flag Football, Basketball, Dodgeball, Kickball, and many more!

**CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT INFO/CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will receive an email w/ confirmation**

**SCHOOL**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**GRADE\_\_\_\_\_\_\_\_\_\_\_ AGE\_\_\_\_\_\_\_\_\_**

**Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please bring an inhaler if your son or daughter uses one)**

**CHECK PROGRAM: (2nd graders have the option of either time slot)**

* **4 Day Super Sports Vacation Program**

**Time: 9:00am-11:00am Location: Jackson Ave School**

**Dates: Tuesday February 20th-February 23rd**

**Grades: K-2 Registration Fee: $85.00**

* **4 Day Super Sports Vacation Program**

**Time: 11:00am-1:00pm Location: Jackson Ave School**

**Dates: Tuesday February 20th-February 23rd**

**Grades: 2-4 Registration Fee: $85.00**

 **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\* Neither this material nor the contents here of are endorsed by or distributed under the auspices of school authorities.\*\*\*

REGISTRATION DIRECTIONS:

**Please make check payable to F.A.S.T. Athletics and return to** **F.A.S.T. Athletics 2370 Elk Court, N. Bellmore, NY 11710 Attn: February Vacation. Space is limited to the first 25 students in each class. You will receive an email with confirmation.**