

After School Sports at St. Katharine of Siena School!

SKS will be offering an intramural after-school sports program for **1st, 2nd, 3rd, 4th and 5th grade students**. The program will start **September 13th** and take place every **Thursday** after school from 3:00 – 4:15 pm. It will begin on September 13th and end on November 8th.

Sign ups are as followed: Sign up for 4 weeks at a time for \$60. Sign up in advance for the whole 8 weeks for a discounted price of \$115. I also accept weekly signups for \$15. Please give payment and waiver signed to your homeroom teacher or to me in PE class.

All students who wish to participate must fill out an insurance waiver in case of accident or injury.

STUDENTS MUST BE PICKED UP PROMPTLY AT 4:15 pm at the Gym/Parish Center. Please have contingency plans in place in the event that After School Sports has to be cancelled due to illness or unexpected school closing. Children are to know what to do if this event should occur.

The program will be supervised by Mrs. Marchese.

Name: _____ (Grade _____) has my permission to participate in after school sports.

Please check which session you would like to participate in. You may pay by check or cash. Checks made payable to Stacy Marchese. You only need to fill out the waiver one time.

- _____ \$15 for one day
- _____ \$60 for first four weeks (September 13,20,27, and October 4)
- _____ \$60 for second four weeks (October 11,18,25 and November 8th)
- _____ \$115 for the whole eight weeks

Parent Signature: _____ **Date:** _____

(Turn over for Waiver)

Waiver Form:

TO: Parents/Guardians of participants in St. Katharine of Siena After School Sports
Students who wish to participate in any phase of scholastic activities are required to be fully covered by insurance in case of accident or injury. This applies only in case of insurance specifically covering accidents or injuries received while participating in a school athletic program, camping, and other after-school activities.

I, as a **parent/guardian of** _____ have insurance coverage for my son/daughter which provides coverage for accidents or injuries received while participating in a school activity program. I assume all responsibility and give all claims against St. Katharine of Siena School for any injury my son/daughter may receive as a result of participation in any school activity program at St. Katharine of Siena School.

Signature: _____ **Date:** _____

Phone Number to reach during club:
