

SKS will be offering an after-school sports program for **Kindergarten**, 1st, 2nd, 3rd and 4th grade students, run by Mrs. Marchese and other teachers. The program will start **September 13th and run every Wednesday till November 29th after school from 3:00 – 4:15 pm.** (November 1st and 22nd we are off of school). If your child likes to play games, this is the place for them.

Students can wear their sneakers and gym uniform on Wednesdays if they are coming!!!!

Sign up for 1 week, 5 weeks or for the whole 10 weeks. Each session is \$20. Sign up for all 10 weeks for a discount and pay \$190! **Please give cash/check and waiver signed to your homeroom teacher or to me in PE class by Tuesday, the day before.** I need to send the list of participants to every homeroom teacher on Wednesday. Sorry I do not have venmo!

STUDENTS MUST BE PICKED UP PROMPTLY AT 4:15 pm at the Gym/Parish Center. Stay in your car and form a carline in the Parish Center Parking lot and continue down Midland Ave. just like the school car line. Please Do NOT come in from Aberdeen Ave. !!! We will put your child in your car. Please have contingency plans in place in the event that After School Sports has to be canceled due to illness or unexpected school closing. Children are to know what to do if this event should occur.

Name:		(Grade) has my
permission to particip	ate in after school sports.		
	session you would like to participate ole to Stacy Marchese. You only ne		
	\$20 for one day		
	\$100 for first five weeks (Sept. 13,	20, 27, Oct. 4, 11)	
	\$100 for second five weeks (Oct.	18, 25, Nov. 8, 15, 29)	
	\$190 for the whole ten weeks (\$10) Discount)	
Parent Signature:		Date:	
	(Turn over for Waiver)		

Waiver Form:

TO:

TO: Parents/Guardians of participants in St. Kat Students who wish to participate in any phase of st covered by insurance in case of accident or injury. specifically covering accidents or injuries received program, camping, and other after-school activitie	cholastic activities are required to be fully This applies only in case of insurance I while participating in a school athletic
I, as a parent/guardian of my son/daughter which provides coverage for acci in a school activity program. I assume all respons St. Katharine of Siena School for any injury my so participation in any school activity program at St.	sibility and give all claims against on/daughter may receive as a result of
Signature:	Date:
Phone Number to reach during Wed	nesday's after school sports club: