

After School Sports



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 16th and run every Wednesday till December 16th after school from 3:00 – 4:15 pm.** If your child likes to play sports and 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, 6 weeks or for the whole 12 weeks. Each session is \$25. **Please give cash/check and waiver signed in an envelope addressed to Mrs. Marchese to your homeroom teacher by Tuesday the day before.** **Don't forget to change Pickup Patrol!**

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 participate in after school sports.

Please check which session you would like to participate in. You may pay by cash or check..

Checks made payable to Stacy Marchese. You only need to fill out the waiver one time.

- _____ \$25 for one day _____
- _____ \$150 for first six weeks (Sept 16, 23, 30 Oct 7, 14, 21)
- _____ \$150 for second six weeks (Oct 28 Nov 4, 11 Dec 2, 9, 16)
- _____ \$300 for the whole twelve 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:** _____

Name of child: _____ **Grade:** _____

Homeroom Teacher: _____

Phone Number to reach during Wednesday's after school sports club:
