



Grades: K-3rd

When: Tuesday | March 26, April 2, 16, 23, 30, May 7, 14, & 21 (No Club on 4/9)

Time: 3:00-4:00 PM

Where: MS/HS Lunch Room

Cost: \$165

Capacity: 25 Students

The children will get:

- 8 weeks of coaching (drills, games, and exercises)
- Routines & In house competitions
- As well as professional instructors for each session

This medical form can also be completed via email and sent to:

info@sylsports.com

Child's Full Name: _____ Grade _____ Teacher _____

Boy / Girl: _____ Age: _____ Date of Birth: _____

Email: _____

Parents cell _____ (Emergency): _____

Has your child had any medical conditions/allergies/disability? YES / NO

If YES, please specify: _____

If your child requires any medical devices (e.g. Asthma pump) please provide an extra one for these sessions (any devices kept with the school are not accessible).

By signing below, you are consenting to any emergency treatment that may be necessary for your child. Every effort will be made to contact you first, when possible.

Signature of Parent / Guardian: _____

**Registration filled out, upon return, club fees will be posted to your account *
due to the office by Monday, March 25th**

