Halifax Youth and Recreation Department After-School Sports 2019-2020

After-School Sports provides appropriate organized physical activity to students in grades 3-6 with an equal emphasis on establishing and developing ideal conduct, sportsmanship and teamwork. It is our hope that students will become leaders amongst their peers in promoting appropriate behavior in all facets of their daily lives. Mr. Ruisi & Mr. Bayramshian oversee this program under the direction of the Halifax Youth and Recreation Department.

Students interested must either complete the registration form online and send in payment to the school **or** fill out a registration form signed by a parent or guardian and return it with payment to school in an envelope marked After school Sports. Checks should be made payable to the Town of Halifax and delivered to the homeroom teacher or Mr. Ruisi.

We will ask parents/guardians to sign up for text or email communications using the App *Remind*. Information on how to set up *Remind* will be given out once your child's first session begins.

Students will arrive at the gym at 2:40 from their classroom. Students are encouraged to bring a snack and **sneakers are a must**.

Session 1	Tuesday	Wednesday	Thursday
*There are staff meetings and other events that may impact the schedule. Session schedules will be posted at hes.slrsd.org	Grades 6 &5	Grade 4	Grade 3

All students must be picked up promptly at 4:30 in the gym lobby.

Session Schedule:

Session 1: September 10-Oct. 3 Session 3:November 6 - December 5 Session 5: January 21- Feb. 13 Session 7: March 24 - April 16 Session 9: TBD Session 2: October 8-November 1 Session 4: December 10 - January 17 Session 6: Feb. 25 - March 20 Session 8: April 28 - May 21

Halifax Youth and Recreation Department After-School Sports Program Registration Form

Registration forms need to be completed, signed & returned to school with payment. Please make checks payable to the *Town of Halifax*. Payment is non-refundable. *Please be sure to fill out and sign the bottom portion of this form, which will be given to homeroom teachers.*

COST:	1 child - \$40/session. Prepay for all sessions (8th session free) - \$280					
	2 children - \$65/session. Prepay for all session (8th session free) - \$455					
	3 children or more - $\$85$ /session. Prepay for all sessions (8th session free) - $\$595$					

Student Name:			Gr	_ Grade:		Teacher:			
Please CIR	CLE which session	on(s)	you w	ould lik	e your	child to	o atteno	d:	
	Session: 1	2	3	4	5	6	7	8	ALL
Health Cone	ditions (medication	s, aller	gies, e	tc.)					
at Afterscho transport yc Nearest You also aut Parent/Gua	of injury from partici ool Sports and a con our child to (please c thorize ambulance a rdian Signature: d α hospital is not cir	tact ca circle o	nnot b ne) Bro spital s	e reache ockton H taff to tr	ed, you a Iospital eat your	South r child.	e Youth Shore F	& Recre	ation to
	rdianName								
Cell Phone_				_ Alt.	Phone_				
Emergency	Contact Name				Phone	e			
Does your o	child attend the YM	CA Pro	ogram o	on the d	ay that l	his/her	class me	eets? Ye	es No
-	oool: Please list the not listed will need p				-			• •	• •
My child,			,	will be d	ismisseo	d to the	gym or	n the fol	lowing days:

Parent/Guardian Signature _____

I understand that all personal absences are forfeited.