

School Sports

After School Sports Classes



VSB West 2 Community Schools Team Programs

Join us every Thursday at 3:01pm as we will be running a fun after school sports program. So...Come on down, drop-in and try it out!

Attention Parents

We are running this Vancouver School Board supervised after school sports program on Thursdays in the False Creek Elementary School Gym

Class Details

Who: Grades 1 to 4 Students (students are separated into age-groups)

What: After School Sports Program

Sports: Here are a list of sports we play: soccer, hockey, basketball, Plus! a variety of indoor gym

games and activities that are fun and non-competitive

When: Thursdays After School, 3:01 to 4:01pm

Where: False Creek School Gymnasium

Why: Have a safe, fun and active after school program

Cost: \$24 for 4 classes

Class Dates: October 7, 14, 21 and 28

After School Programs Contact

Mike Kulik,

Vancouver School Board, Community Schools Team
Children and Youth Activity Programmer

Room 101 Kitsilano Secondary School

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is on-site Vancouver School Board supervised out-of-school-time programming. The purpose of these low cost, participation based sports & creative programs are for school-aged children, providing fun and non-competitive opportunities in their communities.

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REGISTRATION FORM

Child's Name: _____ Age: _____ Gender: M / F Grade: _____

Parent/Guardian Information:

Name: _____ Phone #: _____

Alternate person to contact in case of an emergency:

Name: _____ Relationship: _____ Phone#: _____

Please list medical history/conditions...

Does your child have allergies? Yes___ No___ If YES, list _____

Does your child have anaphalaxis? Yes___ No___ If YES, list _____

Does your child have an EPI PEN? Yes___ No___

Does your child take medication Yes___ No___ If YES, list _____

Family Doctor: _____ Care Card # : _____

After the program, I give permission for my child to:

_____ Walk home alone. _____ Be picked up by me _____ Be going to after-school care _____

_____ Walk home with _____ _____ Be picked up by another adult _____

WAIVER

I hereby authorize my child's participation in this program. I know of no mental or physical issues which may effect participation in this program.

Program Name: _____ Is this the first time you are registering for this program? Yes___ No___

Payment Type & Amount: Cash___ Cheque___ Cheques Payable to: **Kitsilano Secondary School**

Signature of Parent or Guardian: _____ Date Signed (yyyy/mm/dd): _____