

School Sports

After School Sports Classes



Flag Football with Mike

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 on the False Creek school field rain or shine

Class Details

Who: Grades 5, 6 & 7 Students

What: After School Sports Program

Sports: Flag Football (No Tackling)

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

Where: False Creek School Field (Rain or Shine)

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

Email: mkulik@vsb.bc.ca

Phone: 604-713-5610

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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): _____