



After School Activities



Place: CLEARSRING ES

Day/Dates: THURSDAYS MAY 1, 8, 15, 22, 29 FLAG FOOTBALL

Day/Dates: FRIDAYS MAY 2, 9, 16, 23, 30 SOCCER

Time: 3:30pm – 4:30pm

Who: Students in Grades / 1st -5th

Circle Choice: FLAG FOOTBALL ONLY \$75 | SOCCER ONLY \$75 | BOTH \$125

Location: SCHOOL FIELD | SCHOOL GYM (If it Rains)

Registration: Venmo to: @Kevin-Thompson-51 | Email this flyer to: 1uphandles@gmail.com

Registration: Zelle to: 2404265004 || Email this flyer to: 1uphandles@gmail.com

Contact #/ Email: Kevin (240) 426-5004 or 1uphandles@gmail.com (Questions)

Dismissal – Circle One: AFTERCARE, CAR RIDER, WALKER (Parent Note Needed)

Participant Name: _____

Teacher: _____ Grade: _____ School: CES

Address: _____ n/a

City: _____ n/a State: _____ n/a

Home Phone #: _____

Cell Phone #: _____

Parent/Guardian: _____

Email: _____

Emergency Contact: _____

Phone #: _____

Relationship: _____

Special Needs/Health Concerns: _____

Parental Policy Agreement

I hereby certify that my child is in normal health, covered by medical insurance, and capable of safe participation in After School Activities by 1 Up Handles Inc. Any Special needs or health conditions have been stated. The organizers and staff are not responsible for any damage or injury incidental to the conduct of this program. I hereby authorize the 1 Up Handles Inc. staff to obtain medical treatment for my child in the event that parent/guardian or emergency contact cannot be reached.

Signature of Parent/Guardian: _____