



AFTER SCHOOL FLAG FOOTBALL

Main Goal

For participants to stay active, play games & have fun.

- Place:** CLOVERLY ES
- Day/Dates:** MONDAYS - SEPTEMBER 23, 30 OCTOBER 7, 14, 21, 28
- Time:** 3:30pm-4:30pm
- Who:** Students in Grades / K – 5th
- Cost:** \$70
- Registration:** www.1uphandles.com |Click 'Programs'; Click 'After School' Find 'CLOVERLY ES'|
- Locations:** School Field
- Contact #:** Kevin 240.426.5004 Call or Text (Questions) / 1uphandles@gmail.com
- Special Notes:** *Minimum of 10 Participants* ; *Rain Days – Class will be Canceled*
- Dismissal:** KAH, CAR RIDER, WALKER (PLEASE CIRCLE ONE)

Registration Information

Participant Name: _____

Teacher: _____ Grade: _____ School: Cloverly ES

Address: _____

City: _____ State: _____ Zip: _____

Parent(s): _____

Contact #: _____

Email(s): _____

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 Flag Football 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 a point of contact cannot be reached.

Signature of Parent/Guardian: _____

(These materials are neither sponsored nor endorsed by the Board of Education of Montgomery County, the superintendent, or this school