



# SPRING 2012

www.fastbreakkids.com | info@fastbreakkids.com | 212.724.FAST

Child's Name:	Mother's Name:
Address:	Email Address:
City, State, Zip:	Cell/Work:
School:	Father's Name:
Grade(FALL 2011):	Cell/Work:
Home Phone:	Email Address:

**WEEKEND FLAG FOOTBALL**

**WHAT:** Flag football instruction - including drills, scrimmages and games.

**WHEN:** 7 Saturdays April 14th thru June 9th  
Closed 4/21 and 5/26(Memorial Day)

**WHERE:** Brearley Rooftop Turf Field (353 e 87 st)

**TIMES:** 1:30pm - 2:45pm...2nd and 3rd grade  
2:45pm - 4:00pm...K and 1st grade-SOLD OUT  
4:00pm - 5:15pm...PRE K

**WHO:** Grades pre K, 2nd, 3rd (K/1st SOLD OUT)

**COST:** \$395

**WEEKEND BASKETBALL**

**WHAT:** 90 minutes of basketball skills, drills, and games. This class is about improving your individual skills.

**WHEN:** 7 Saturdays April 14th thru June 9th  
Closed 4/21 and 5/26(Memorial Day)

**WHERE:** Brearley Field House (353 e 87 st)

**TIMES:** 3:30pm - 5:00pm

**WHO:** Grades K - 6th (players grouped by grades)

**COST:** \$425

WEEKEND FLAG FOOTBALL \$ \_\_\_\_\_

WEEKEND BASKETBALL \$ \_\_\_\_\_

TRAVEL FLAG FOOTBALL \$ \_\_\_\_\_

AAU/TRAVEL BASKETBALL \$ \_\_\_\_\_

**GRAND TOTAL:** \$ \_\_\_\_\_

**TRAVEL FLAG FOOTBALL**

**WHO:** Ages 2nd grade thru 7th grade  
All teams coached by our football coaching staff (NO DADS)

**COST:** \$950

**AAU/TRAVEL BASKETBALL**

**WHO:** 2nd/3rd grade thru 8th grade boys teams.

**COST:** \$1200

**MAIL REGISTRATION TO:**

**FASTBREAK**  
303 W 66TH STREET STE. 3LW  
NEW YORK, NY 10023

\_\_\_\_\_ **OR** \_\_\_\_\_  
**FAX REGISTRATION TO:**

646-386-7634

**CREDIT CARD INFO**  **VISA**  **MASTERCARD** **OR**  **CHECK** (make checks payable to Fastbreak)

**Name on Card:** \_\_\_\_\_ **Card #:** \_\_\_\_\_ **Exp:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **CVA# (on back of card):** \_\_\_\_\_

**Liability Disclaimer:** I, the parent or guardian of the above named child, hereby consent to his/her participation in the Fastbreak program. I certify that he/she is in good health and able to participate in all activities and in the case of emergency affecting my child, I hereby give permission for physician or hospital designated by Fastbreak to administer treatment to my child. I (am/am not) enclosing a note explaining any physical limitations and required medicine. In consideration of Fastbreak accepting this registration and permitting the participation of said child, which I believe would be educational, physical and beneficial, I hereby release, discharge, indemnify and hold harmless Fastbreak its officials, coaches and representatives from any and all claims, actions and liabilities arising out of or in connection with the child's participation in any aspect of Fastbreak. I also give permission to Fastbreak to use photographs and/or endorsements of above named child and/or parents in its future brochures, websites or promotional material. **ABSOLUTELY NO REFUNDS, TRANSFERS, OR CREDITS**

Signature \_\_\_\_\_ Date \_\_\_\_\_