



**MURRAY AFTER SCHOOL CLUB REGISTRATION
TIGER PAW SPORTS**



Club Name: SPORTS AND GAMES - Grades 3-5 Meeting Dates: Apr. 29, May 6, 13, 20, June 3, 10, 17 – 7 Sessions Time: 3:00 – 4:00 – All participants will meet in the large gym at 3:00 Club Description: Play modified games. Supervisor: Karl Zenie	Day of Week: MONDAY Location of Club: LARGE GYM Total Fee: \$192 (\$26 per class x number of classes + \$10 insurance)
Club Name: SPORTS AND GAMES – Grades 1-3 Meeting Dates: Apr. 30, May 7, 14, 21, June 4, 11, 18 – 7 Sessions Time: 3:00 – 4:00 – All participants will meet in the large gym at 3:00 Club Description: Play a variety of fun and exciting games Supervisor: Karl Zenie	Day of Week: TUESDAY Location of Club: LARGE GYM Total Fee: \$192 (\$26 per class x number of classes + \$10 insurance)
Club Name: SPORTS AND GAMES – K Only Meeting Dates: Apr. 24, May 1, 8, 15, 22, 29, June 5, 12 – 8 Sessions Time: 3:00 – 4:00 – All participants will be picked up at their classroom at 3:00 Club Description: Play a variety of fun and exciting games Supervisor: Karl Zenie	Day of Week: WEDNESDAY Location of Club: LARGE GYM Total Fee: \$218 (\$26 per class x number of classes + \$10 insurance)
Club Name: Floor Hockey - Grades K-5 Meeting Dates: Apr. 25, May 2, 9, 16, 23, 30, June 6, 13, 20 Time: 3:00 – 4:00 – All participants will meet in the large gym at 3:00 – 9 Sessions Club Description: Learn game concepts, stick skills and play modified games Supervisor: Karl Zenie	Day of Week: THURSDAY Location of Club: LARGE GYM/PLAYGROUND Total Fee: \$244 (\$26 per class x number of classes + \$10 insurance)
DISMISSAL IS ON DAYMON TERRACE DOOR #8 AT 4:00	

Contact: Karl Zenie – Office 220-3720 – Cell 203-912-9987 – Email kzenie@mamkschools.org

KEEP ABOVE FOR YOUR INFORMATION

Cut here and return this portion with payment

Please make **SEPARATE CHECKS** for each club payable to **Tiger Paw Sports, Inc.**
 Return this portion with check in an envelope (or Venmo @Karl-Zenie) to the Tiger Paw Sports box located outside the main office.

CLUB NAME (circle): **Mon 3-5 S&G** **Tue 1-3 S&G** **Wed K S&G** **Thurs K-5 Floor Hockey**
STUDENT NAME: _____ **Grade:** _____ **Classroom Teacher:** _____
Address: _____ **Email:** _____
Home Phone: _____ **Cell Phone:** _____ **Emergency:** _____
Special Needs/Medical/Allergy Info: _____

Please check if desired dismissal choice: Child may walk (they are permitted to leave our supervision)
Assumption of Risk and Consent: By filling out this form I acknowledge that I have been informed as to the nature of this program and that the program has certain risks of potential injury for those who participate. The undersigned acknowledges that Tiger Paw Sports does not provide any registrant medical or hospitalization insurance whatsoever and hereby waives any and all claims or liability against Tiger Paw Sports, Inc., or any other person affiliated with Tiger Paw Sports, Inc., for injuries sustained while participating in a club or clinic. I acknowledge that the participant must adhere to all rules and instruction pertaining to the safety of the participants.

Parent Signature _____