

# SPORTIES FOR SHORTIES 2024

WITH COACH CELESTE



A MULTI-SPORT DEVELOPMENT PROGRAM  
FOR KIDS AGES 4-6 (PRE-K/KINDERGARTEN)

\$20.00 Antrim Residents ~ \$30.00 Non-residents

A sampler of youth sports and team activities!

Our Focus is on FUN, fitness, and enjoyment of team activities!



**Wednesdays from 4:00-4:45 and Saturdays from 10-10:45**

**May 11, 15, 22, 25, & June 1, 8**

**Register before Monday, April 29.**

Pre-registration is required. To register, return this form with payment by Monday, April 29.

Checks made payable to the Town of Antrim. Mail to: Antrim Recreation Department, attn: Sfs, PO BOX 517 Antrim, NH 03440

For questions, please reach out to Celeste via phone at 603-588-3121 or via email at RecDirector@AntrimNH.gov

-----Please detach here-----

**Sporties for Shorties**

**Spring 2024**

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

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**SFS2024**

Players Name: \_\_\_\_\_

**Parental Consent:** I, the undersigned, understand that the program we are registering for requires the participant to be in adequate physical conditions, attentive, and properly attired. All sports/ activities are potentially dangerous and may result in personal injury to the participant. I am hereby acknowledging that I am registering my child and accept the risks inherent in the sport. Additionally, I understand that any injuries or illness sustained by my child will be my responsibility to pay for and that there is no medical insurance granted to my player/child when we register for this program. I understand and give permission for agents of this program to seek appropriate medical care and transport in the case of injury or sudden illness.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of parent/legal guardian: \_\_\_\_\_

Child's regular physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (if we can't reach you): \_\_\_\_\_ Phone: \_\_\_\_\_

Information we should know about your child ( medical, allergies, social...): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(USE BACK FOR MORE SPACE)

**This is a program of the Antrim Recreation Department. This is not a ConVal program.**