



AGUDATH ISRAEL NURSERY SCHOOL

20 ACADEMY ROAD • CALDWELL, NJ 07006 • 973-226-2537 • FAX: 973-226-4190 • NURSERY@AGUDATH.ORG

Coach Rick's After School Sports Enrichment

*Exclusive classes run by Coach Rick
and Coach Mike for children ages 3, 4 and 5*

1. Tennis/All Sports for the 4's Mondays, 2:45PM - 3:30PM
September 22nd through December 8th
2. All Sorts of Sports for the 3's Wednesdays, 1:50PM - 2:30PM
September 24th through January 7th
3. All Sorts of Sports for the 3's Thursdays, 1:50PM - 2:30PM
September 25th through January 8th
4. All Sorts of Sports for the 4's Thursdays, 2:45PM - 3:30PM
September 25th through January 8th

**Each class runs for approximately 11 weeks
(schedules vary due to holidays)**

There are no classes Monday, September 29th, Wednesday, October 8th, Thursday, October 9th, Wednesday, October 15th, Wednesday, October 22nd, Thursday, November 6th, Thursday, November 27th, Wednesday, December 24th, Thursday, December 25th, Wednesday, December 31st, and Thursday, January 1st when school will be closed.

If you are interested, please select the appropriate session and sign the waiver on the next page.

Each class is \$145.

Please make checks payable to Coaches on the Run.



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Coach Rick After School Sports Enrichment Acknowledgement of Risk and Waiver

I am the parent/legal guardian of the below-named child. As such, I hereby consent to the below-named child participating in the sports classes conducted by Coaches on the Run, LLC. I will notify Coaches on the Run, LLC of any current medical conditions or changes in any medical conditions of my child/children. I acknowledge that potential dangers can occur with children running, throwing and kicking various types of balls. Those dangers that can occur are bumps, bruises, cuts and various types of eye, head and neck injuries. I further understand and consent to allow my child/children to participate in such activities.

As the parent/legal guardian of the below-named child, I hereby agree to individually provide any and all medical expenses that may be incurred as a result of an injury sustained by my child/children while participating in sports classes conducted by Coaches on the Run, LLC. Further, I hereby agree to hold harmless and waive any and all liability to Coaches on the Run, LLC, its principals and/or employees, which may arise as a result of my child/children's participation in the program and activities.

The acknowledgement of Risk and Waiver of Liability, having been read and understood completely, is signed voluntarily as to its contents and intent.

PARENT/LEGAL GUARDIAN FULL NAME _____

PARENT/LEGAL GUARDIAN SIGNATURE _____

CHILD'S NAME _____

CHILD'S AGE _____

HOME PHONE # _____

EMERGENCY PHONE # _____

Please enclose your check for \$145 made out to Coaches on the Run and select your class choice:

- | | |
|---------------------------------------|-----------------------------|
| _____ Tennis/All Sports for the 4's | Mondays, 2:45PM - 3:30PM |
| _____ All Sorts of Sports for the 3's | Wednesdays, 1:50PM - 2:30PM |
| _____ All Sorts of Sports for the 3's | Thursdays, 1:50PM - 2:30PM |
| _____ All Sorts of Sports for the 4's | Thursdays, 2:45PM - 3:30PM |