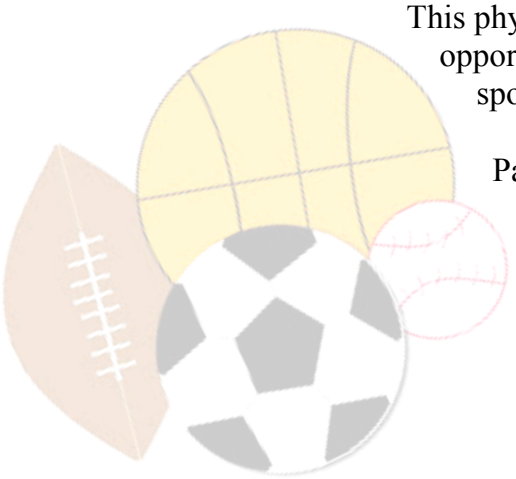
HOMESCHOOL P.E.



This physical activity class is designed to provide home school students the opportunity the engage in team sports and activities. Every 6 weeks, a new sport/activity will be introduced. Emphasis is based on development of physical fitness in inclusive fun! Classes are divided by age. Participants in the 4-6 year old groups should bring a snack each day.

Ages: 4-6; 7-8; 9-12; 13-18

Cost: $15 per session per child (6 weeks of classes)
Or $3 per day per child

Max: 15 participants per Age Group

Dates: Wednesdays 1:00pm-3:00pm

Where: Willard Recreation Center

Session 1	September 3-October 8	Soccer
Session 2	October 15-November 19	Flag Football
Session 3	December 3– January 21	Basketball
Session 4	January 28-March 4	Volleyball
Session 5	March 18th-April 22	Track and Field
Session 6	April 22-May 27th	Instructor's Choice

Homeschool PE follows Willard Public School calendar for all holidays and snow days.
Homeschool PE will not meet November 26th, December 24th, December 31st, and March 11th.

Parent or guardian must register each participant. Participants can not be dropped off without signing in and out at the Front Desk each day. You will receive a punch card to keep track of the number of classes you attend. If a class is cancelled due to school closing for Willard Public Schools, you can attend Homeschool PE until your punch card is filled. For more information, call The Rec at 742-2262.

1. Child's Name: _____Age:_____ DOB:_____

2. Childs' Name: _____Age:_____ DOB:_____

3. Child's Name: _____Age:_____ DOB:_____

Parent/ Guardian :_____Phone Number: _____

Parent/Guardian Email :_____

Approved to Pick-Up/Drop-Off: 1. _____Phone: _____

2. _____Phone: _____

By signing this agreement I understand that I am taking a risk allowing my child to participate in a recreational activity at the Willard Recreation Center. I agree to hold the City of Willard, Parks Staff, and all other parties involved harmless. I understand by child's name and photo may be used for promotional reasons by the Parks Department.

Parents Name:_____ Signature:_____ Date: _____

OFFICE USE ONLY Receipt#: _____ Check#:_____ Date: _____ Circle: Cash CC Payment Amount: $_____Staff:_____