



NAS SIGONELLA YOUTH SPORTS AND FITNESS SUPPLEMENTAL INFORMATION FORM— FALL/WINTER 2024

***Requests and Preferences are not guaranteed and will be accommodated if available. ***

Start Smart: Ages 2.5 – 5 years old (as of 28 October 2024). Start Smart Sports Development Programs were created to teach children the basic motor skills necessary to participate in organized sports while giving them the opportunity to work one-on-one with their parent. Start Smart is a **6 week** parent involvement program to help youth develop flag football skills. Practices are one day a week for 30 -40 minutes.

Parent Information	
Parent Name(s):	Email(s):

_____ I confirm that I completed the NAYS Parent Orientation. I understand I must renew my membership annually.
 _____ I understand one parent must attend the in-person orientation for Start Smart. Orientation is offered on:
Wednesday, October 9, 1130-1230, OR Wednesday, October 16, 1130-1230, at the Youth Complex.

Season Dates: October 28 – December 6, 2024. (Wednesday and Friday sessions end the following week.) All classes are one day a week from 1600-1645. No classes will occur on Holidays. Make up days are Fridays.

- Tuesday Class Dates: 29 Oct, 5 Nov, 12 Nov, 19 Nov, 26 Nov, 3 Dec
- Wednesday Class Dates: 30 Oct, 6 Nov, 12 Nov, 20 Nov, 4 Dec, 11 Dec (No Class 27 Nov.)
- Thursday Class Dates: 31 Oct, 7 Nov, 13 Nov, 21 Nov, 5 Dec, 12 Dec (No Class 28 Nov.)

CYP provides all equipment necessary for all practices.

- Practices will take place once per week for approximately 30-40 minutes.
- Dress your child in athletic type clothing. This means athletic shirt, shorts, and closed toed shoes. Cleats and shin guards are not required but allowed.
- Please bring water to all practices. (It will be HOT during this time of day at the start of the season.)

Youth Information				
Youth Name:	Youth Age:	Shirt Size:	Practice Day:	Comments/Requests:
			<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> No Preference	
Youth Name:	Youth Age:	Shirt Size:	Practice Day:	Comments/Requests:
			<input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> No Preference	

For Internal Use Only:

Please give parent a copy of this form once processed.

Received On:	Processed By:	Confirm NAYS in CYMS:	Payment Received: