



## 2018 FASTANGS Information

**FASTANGS** is CAC's Summer Strength & Conditioning program. The program will consist of training in these areas: strength, flexibility, agility, speed and conditioning. **Participation for all Jr, High and Sr. Football and Jr. High and Senior High Basketball players is required.** Each coach will determine the number of required workouts for their sport. Participation is encouraged, but not mandatory, for 7<sup>th</sup> grade athletes.

**DATES:**        **May 29 – June 1** (Tuesday, Thursday & Friday)

**June 4 – 21** (Monday, Tuesday & Thursday)

**July 9 – 26** (Monday, Tuesday & Thursday)

**WHERE:**        CAC Field House

**TIMES:**        SR High        **7:30 – 9:00 a.m.**  
                  JR High        **8:30 – 10:00 a.m.**  
                  Females      **10:00 – 11:00 a.m.**

**COST:** \$60 for SR/JH/Females & \$30 for 7<sup>th</sup> grade. Registration is due **May 25**. All proceeds are used to purchase strength and conditioning equipment for the program. Make checks payable to CAC.

**REGISTRATION:** All athletes must turn in a completed information sheet and a waiver signed by a parent or guardian in order to participate. This form is located on the next page.

**RETURN PAYMENT & SIGNED WAIVER BY MAY 15.**

Central Arkansas Christian School  
Attn: Tommy Shoemaker  
#1 Windsong Drive  
North Little Rock, AR 72113

If you have any questions, please contact Coach Shoemaker at [tshoemaker@cacmustangs.org](mailto:tshoemaker@cacmustangs.org).



**FASTANGS REGISTRATION  
2018**

Athlete's Name: \_\_\_\_\_

Grade (Fall 18): \_\_\_\_\_

**WAIVER**

I, \_\_\_\_\_ (print full name) hereby give my child permission to participate in the FASTANGS strength and conditioning program at Central Arkansas Christian School and agree to the following terms:

RISK: Participating in a strength and conditioning can be strenuous and as a result athletes are subject to risk of injury. By signing this waiver, I consent for my child to participate at their own risk. In the event of an emergency, I give permission for my child to obtain medical assistance at a cost to myself only and request that my contact person be notified as soon as possible.

**Emergency Contact Info**

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

Relationship to athlete: \_\_\_\_\_

Cell: \_\_\_\_\_

Are there any physical conditions and/or restrictions of which the coaches need to be aware?

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

I HAVE READ, UNDERSTAND & AGREE TO THE TERMS OF THIS WAIVER:

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

**Please return with payment to the following:**

Central Arkansas Christian School  
Attn: Tommy Shoemaker  
#1 Windsong Drive  
North Little Rock, AR 72113