



2019 FASTANGS Information

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

DATES: June 3 – 20 (Monday, Tuesday & Thursday)

July 8 – 25 (Monday, Tuesday & Thursday)

* Football players will also practice on Wednesday of these weeks.

WHERE: CAC Mustangs Field house

TIMES: SR High 7:30 – 9:00

JR High 8:30 – 10:00

Female Athletes 10:00 – 11:00

COST: \$60. Registration is due **May 24**. All proceeds are used to purchase 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 24.

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.



**FASTANGS REGISTRATION
2019**

Athlete's Name: _____

Grade (Fall 19): _____

WAIVER

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

RISK: Participating in a strength & 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 of?

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