

SAINT JAMES SCHOOL
CROSS COUNTRY
PERMISSION SLIP

Child's Name: _____

Grade: _____

Mother's/Guardian's Name: _____

Cell Phone Number: _____

Father's/Guardian's Name: _____

Cell Phone Number: _____

Home Phone Number: _____

Preferred E-Mail: _____

I _____ can help out as a parent volunteer with the Cross Country Team (must have completed VIRTUS training and background check).

Please return this form to the school office along with the \$35.00 activity fee and the 2017-2018 SJS Athletics Health Form. Students will not be allowed to participate without the completed health form and sports fee being paid. Checks should be made out to Saint James School.