



# SAINT JAMES SCHOOL CROSS COUNTRY PROGRAM PERMISSION SLIP

(Students registering for Cross Country must be able to run at least a full mile without stopping before the first practice)

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please return this completed form (one per student) to the school office along with:

- 1) A \$35 Sports Fee (checks can be made out to Saint James School)
- 2) The Sports Health Form (signed by the child's doctor - if not already submitted).

*For Office Use Only:*

Date Received \_\_\_\_\_

Health Form on File \_\_\_\_\_

Sports Fee Paid \_\_\_\_\_ cash / check number \_\_\_\_\_