



SAINT JAMES SCHOOL CROSS COUNTRY PROGRAM PERMISSION SLIP 2023

(Students registering for Cross Country must have the endurance to run
one to three miles without breaks at the start of the season)

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: _____

Child's Shirt Size _____

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

- 1) A \$60 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 _____