Saint James School
Cross Country Program
Permission Slip – Fall 2026

(Students registering for Cross Country must have the endurance to run
AT LEAST a mile without stopping 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: _____

Preferred Email: _____

Parent/Guardian Signature: _____

Student's Shirt Size: _____

I (Parent/Guardian) would like to volunteer to assist with after-school practices for this extracurricular activity. Practice will typically be Mondays/Thursdays from 2:00pm – 3:45pm. Please list your name and days of the week you can help:

_____

I (Parent/Guardian) would like to volunteer to assist with any optional Saturday morning practices:

_____

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

1) A $75 Sports Fee (checks can be made out to St. Teresa of Calcutta Parish, with a note of *Saint James School XC* in the memo field)
2) The 2026-2027 Sports Health Form (signed by the child's doctor)

For Office Use Only:

Date Received _____

Health Form on File _____

Sports Fee Paid _____ cash / check number _____