

Family Member Shirt Sizes: _____



St. Joseph's Cross Country Application Form

NAME: _____ PHONE: _____

ADDRESS: _____

STREET CITY ZIP

GRADE IN SCHOOL: _____ DATE OF BIRTH: ___ / ___ / _____

SHIRT SIZE: Y-S (6-8) ADULT-S
(circle size) Y-M (10-12) ADULT-M
Y-L (14-16) ADULT-L

NAME OF PARENT/GUARDIAN: _____

Consent Form and waiver of Responsibility:

I agree that on behalf of the enrolled applicant named on this form, representatives of the Saint Joseph's School and/or the coaches, officials, playing areas, or persons transporting my child to and from games or other activities associated with Saint Joseph's School, will not be held responsible or liable for any injury, accident or loss of property however caused. It is further agreed that all medical costs incurred in case of injury while in attendance.

As parent or guardian of the aforementioned child, I hereby give my approval and permission for him/her to participate in any and all activities and certify that he/she is in good health and is able to participate in all activities. In case of emergency I grant permission for him/her to be treated by a licensed physician if necessary at _____, or at a local hospital in the event I am not available and medical treatment is required. We/I have read the above and consent to the terms stated.

Signature of parent/guardian

Date

Signature of parent/guardian

Date