

*Saints Rose Of Lima And Ss Rose and Clement*  
**CAL Cross Country Registration Form**  
2018 Season

*If you will be in grades 6, 7 or 8 next year and are interested in joining the Cross country team, please complete the form below and return it to school/Parish no later than August 3.*

*The 2018 season will officially begin in early September and concludes at the end of October. Coach would like to start practices in early to Mid-August.*

**Player Information:**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F

Player's Address: \_\_\_\_\_

Parent's Address (if different): \_\_\_\_\_

Grade: \_\_\_\_\_ Did the Player Run Last Year? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of parish: \_\_\_\_\_

**Parent Information:**

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_

Cell #: \_\_\_\_\_ would it be ok for the Coach to text you **Yes or No** (Please circle one)

Father's e-mail address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home \_\_\_\_\_

Cell #: \_\_\_\_\_ would it be ok for the Coach to text you **Yes or No** (Please circle one)

Mother's e-mail address: \_\_\_\_\_

Any medical condition player's coach should be aware of? \_\_\_\_\_

**Player's T-shirt Size:**

Y - Small \_\_\_\_\_ Y-Med \_\_\_\_\_ Y - Large \_\_\_\_\_

A - Small \_\_\_\_\_ A - Med \_\_\_\_\_ A - Large \_\_\_\_\_ A - XL \_\_\_\_\_

**Costs:**

\$40 per player

Amount Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check Number: \_\_\_\_\_

**Checks to be made out to: ST. Rose of Lima School if student or SSRC if parish member**  
**No refunds after official season begins**

