

Saints Rose Of Lima School
CAL Cross Country Registration Form
2017 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 September 3rd.

The 2016 season will begin in early September and concludes at the end of October. Coach would like to start practices in 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: _____

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

****** SIGN PERMISSION FORM ON REVERSE SIDE ******

****** Year End Celebration will be held in JUNE ******