



# SAINT JAMES SCHOOL CROSS COUNTRY PERMISSION SLIP

Child's Name: \_\_\_\_\_

2018-2019 Grade: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Preferred E-Mail Address: \_\_\_\_\_

I \_\_\_\_\_ can help out as a parent volunteer with the SJS Cross Country Team (must have completed VIRTUS training and background check before helping).

Please return this form to the school office along with the \$35 activity fee and the 2018-2019 SJS Athletics Health Form (signed by participant's doctor). Students will not be allowed to participate without the completed health form and sports fee being paid. Checks should be made out to Saint James School. Please note, uniforms must be returned to the coach at the end of the season in like-new condition. Failure to do so will result in a charge to the family.