



SAINT JAMES SCHOOL CROSS COUNTRY PROGRAM PERMISSION SLIP

Child's Name: _____

Grade: _____

Mother's/Guardian's Name: _____

Cell Phone Number: _____

Father's/Guardian's Name: _____

Cell Phone Number: _____

Home Phone Number: _____

Preferred Email: _____

Parent/Guardian Signature: _____

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

- 1) A \$35 Sports Fee (checks can be made out to Saint James School)
- 2) The 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 _____