CROSS COUNTRY REGISTRATION

COMPLETE ONE FORM PER CHILD

PARTICIPANT'S NAME _____ **GRADE** _____

ADDRESS _____ **DATE OF BIRTH** _____

CITY _____ **STATE** _____ **ZIP** _____

PARENT/GUARDIAN'S NAME _____

CELL PHONE _____ **WORK PHONE** _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY

CONTACT #1

NAME _____

CELL PHONE _____

CONTACT #2

NAME _____

CELL PHONE _____

FEES

KINDERGARTEN - 2ND GRADE: $55

3RD-8TH GRADE: $110

☐ SPORTS PHYSICAL ON FILE

PAYMENT TYPE

☐ **DIRECT DRAFT FROM ACCOUNT ON FILE**

☐ **CASH**

☐ **CHECK**

☐ **BILL TO PRAXI**

WAIVER OF LIABILITY

I am aware of the nature of this activity and I hereby assume responsibility for

_____ to participate and to be photographed for
(PARTICIPANT'S NAME)

publicity purposes. I will not hold BELVOIR CHRISTIAN ACADEMY and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of BELVOIR CHRISTIAN ACADEMY prior to participation in this program.

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** _____