

SUMMERVILLE CATHOLIC REGIONAL SCHOOL

2017 CROSS COUNTRY GRADES (2ND-8TH)

This registration is for running on the Summerville Catholic Cross Country team. **SCS students or a child from one of the five supporting parishes of Summerville Catholic may participate in the Cross Country program.** To register, fill out this form (one per child) and return it to Jean Fox, at the school's office by **Friday, August 25th, 2017**

Uniform Sizes: ys, ym, yl, as, am, alg, axlg

Cost:

\$115 with uniform_____

\$85 without uniform_____ **(if you are a returning runner and want to use the previous year uniform)**

Player's Name: _____ **Grade:** _____ **Age:** _____ **DOB** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____ **E-mail** _____

Parent(s)/Guardian(s) Name: _____ **Emergency Contacts:** _____

Parish attending _____ **School** _____

SPONSORSHIP-if you are interested in sponsoring one of our volleyball teams please contact the Athletic Director, Jean Fox and she will let you know what will be required of you to do so. Please contact the school at 873-9310 ext. 109 or via email at jfox@summervillecatholic.org

Company _____ **Contact Name** _____ **Phone** _____

Medical-please list any concerns such as allergies, handicaps, etc that we should be made aware of:

PARENTS AUTHORIZATION

I, the parent/guardian of the above named child, hereby give approval to his/her participation in any or all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities and do hereby waive, release, absolve, indemnify to hold harmless the parent, local league organization, the school, the organizers, supervisors, participants and persons transporting my child to/from activities for any claim arising out of an injury to him/her except to the extent and in the amount covered by accident or liability insurance held by the local league.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should he/she become ill or injured while participating in league activities or at other times while neither parent is available to grant authorization for emergency treatment.

Parent(s)/Guardian(s) signature: _____

Parent(s)/Guardian(s) Name (printed): _____

Notice: Make checks payable to SCS sports program and the last day for registration is Friday, August 25. **NO REFUNDS** once uniforms are ordered.