

St. Joan of Arc

2011 Warrior Cross Country Registration

Fee: \$30.00/runner (you will be billed by the Parish Office) Registration Due: 6/01/11
DO NOT SUBMIT CHECK OR CASH

Grade in Fall 11: _____ Shirt Size (circle): YS YM YL AS AM AL AXL
(youth sizes run small)

Runner's Name: _____ Male ___ Female ___

Parent's Names: _____

Address: _____

City/State/Zip _____

Home Phone # _____ Runner's Birth Date: _____

Mother's Cell phone # _____ E-mail _____

Father's Cell phone # _____ E-mail _____

Parent is willing to be a Head Coach: Yes ___ No ___

Parent is willing to be an Assistant Coach: Yes ___ No ___

Name of person willing to coach _____

Are there any concerns or special situations we should know about?

Please list any special health situations which the school/coach should be aware of: _____

Release

We, athlete and parents, understand that participation in athletics involves the possibility of serious injury. In consideration of the benefits and because participation in the St. Joan of Arc sports program is voluntary, the undersigned parents/guardian of _____, hereby waives releases and forever discharges the players, coaches, assistants, St. Joan of Arc Athletic Board, St. Joan of Arc School/Parish, and their representatives, from any and all claims, liability or loss of any kind for or on account of any personal injury of or damage to said player arising out of or in connection with said activity

Parent's Signature: _____

Date: _____

DO NOT submit check or cash. The registration fee will be billed on the monthly school statement through the parish office.