

2011 U – 12 Coed CROSS COUNTRY

FEE: \$30 per child Wednesdays @ 4:30 Sept 14 – Dec 14, 2011

NAME: _____ Male _____ Female _____

Age _____ Grade Fall 2011 _____ School District _____

Participant lives with: (circle one) Mother Father Both Other: _____

PARENT(S)/GUARDIAN INFO:

FATHER: _____
name address

Father (H): _____ Father (C): _____ E-Mail: _____

MOTHER: _____
name address

Mother (H): _____ Mother (C): _____ E-Mail: _____

SIBLING playing this sport Name _____ Grade _____

Pertinent allergies/health problems: _____

Health Insurance Provider: _____

I confirm that my child is medically fit to take part in this activity Y _____ N _____

Our family resides in:

North Londonderry South Londonderry Palmyra Borough Other

T-shirt size: (SHIRTS RUN SMALL)

Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL XXXL

Permission given for photos to be taken/used in Recreation publicity Y _____ N _____

COACHES/ASSISTANT COACHES NEEDED. Please select if interested.

Position: HEAD COACH ASSISTANT COACH

Name: _____ Phone#: _____

Would like to coach with: _____ T-shirt size (see above) _____

(OFFICE USE – current clearance on file for coach YES _____ NO _____ (SENT _____))

Amt Rec. \$ _____ Cash _____ Check (CK # _____) _____ Money Order