

2011 ST. RAPHAEL CROSS COUNTRY REGISTRATION FORM

ATHLETE NAME: _____

ADDRESS: _____ CITY/ZIP: _____

TELEPHONE: _____ BIRTH DATE: ___ / ___ / ___

GRADE: 3 4 5 6 7 8 GENDER: Boy Girl

HOME PARISH: _____ SCHOOL: _____

ATTENDING PSR? Yes No TEACHER'S NAME: _____

PARENT'S NAMES: _____

PARENTS' EMAIL ADDRESS _____

Has your child run cross country before? Yes No If yes, how long have they been running? _____

I, the undersigned parent or guardian of _____ do hereby consent to and permit my (our) child to engage in the sport of Cross Country for the 2011 season. Further I (we) as parent(s) and natural guardians of my (our) minor child and on his/her behalf agree that neither the manager, the coach, the pastor, nor the Bishop of Cleveland shall in any way be legally responsible or liable for any or all injuries sustained by him/her during practice sessions that will be held during the Summer and Fall of 2011 or participation during any scheduled competition(s). I (we) specifically agree to be responsible for the cost of any treatment or hospitalization or any medical expense arising out of the Summer and Fall 2011 practice sessions or scheduled competition(s). I (we) further agree to save, hold harmless, and indemnify any manager, coach, parish, pastor, or Bishop of Cleveland for any and all claims for damages sustained by my (our) child arising out of his/her participation in the sport of Cross Country at Saint Raphael Parish. Per CYO League Rules, I (we) understand that my (our) child must attend parochial school or be currently attending a PSR class. No refunds after August 31, 2011.

PARENT SIGNATURE: _____ DATE: _____

UNIFORM AGREEMENT

Please follow these guidelines for Uniforms & Warm-Ups:

1. Wash in cold water and hang to dry
2. If a uniform is lost or damaged in any way, parents will reimburse the St. Raphael Athletic Commission for replacement at a cost of \$100.

I understand my responsibilities in accepting the uniform and will return it within two weeks of the end of the season in excellent condition.

PLAYER SIGNATURE _____ DATE: _____

PARENT SIGNATURE _____ DATE: _____

Please send to: Kendra Mooney 1744 Bur Oak Drive Westlake, Ohio 44145

REGISTRATIONS WILL NOT BE COLLECTED FROM THE PARISH OFFICE
If you send it to the parish office, your child will NOT be registered.

REGISTRATION FEE OF \$75 (\$85 after 7/15) PAID ON _____ Cash _____ Check No. _____