

# 2008 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 2008 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 2007 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 2007 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, 2008.

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: \_\_\_\_\_

REGISTRATION FEE OF \$45 PAID ON \_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_