

2019 FLMS Boys and Girls Cross Country Team

***Please make sure to turn in a copy of your updated physical. You will not be allowed to practice without it.**

Name: _____ **Grade:** _____

Birth date: _____ **Shirt Size (Adult size):** _____

Address: _____

Telephone: _____

Emergency Contact Person(s): _____

Emergency Phone #: _____

Email: _____

Medical Condition and/or

Concerns: _____

**I give _____ permission to join the
FLMS Cross Country team.**

Parent /Guardian Signature: _____ **Date:** _____