

2018 Boys and Girls Cross Country Team (Not track)

(Please make sure to turn in a copy of your updated physical before tryouts - You will not be allowed to practice without this)

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: _____