A. E. Phillips Cross Country Form & Money due by <u>August 23rd!</u>

| Parent Information: Name | Name_ | | Grade |
|---|-------------------|--|--|
| Parent Information: Cell Number | Name_ | | Grade |
| Liability Waiver I give permission for my child(ren) to participate in Cross Country this year. I am aware that the Lincoln Parish School Board, A. E. Phillips, and Ruston Parks and Recreation will not be responsible for any injury or health problems related to this extracurricular activity. I further understand that I must provide proof of health insurance coverage for my child to the school. I feel my child(ren) is healthy enough for this extra physical activity and understand that if I question my child's health or ability to participate fully I am responsible for securing a physical examination for my child prior to he/she being allowed to participate. If my child is in 6th grade, he/she will be required to have a physical performed by a doctor or a nurse practitioner, before he/she will be allowed to participate in Cross Country. | Name_ | | Grade |
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| Please pay with cash or make checks payable to 'A.E. Phillips Cross Country.' | Please p | responsible for any injury or heals understand that I must provide poschool. I feel my child(ren) is heat that if I question my child's health a physical examination for my child in 6th grade, he/she will be require practitioner, before he/she will be Parent/Guardian Signature. | th problems related to this extracurricular activity. I further roof of health insurance coverage for my child to the althy enough for this extra physical activity and understand in or ability to participate fully I am responsible for securing all prior to he/she being allowed to participate. If my child is red to have a physical performed by a doctor or a nurse e allowed to participate in Cross Country. Te |
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TOTAL \$_____