

A. E. Phillips Cross Country
Form & Money due by August 23rd!

Students Participating:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

Parent Information:

Name _____ Cell Number _____

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.

Parent/Guardian Signature _____

Please pay with cash or make checks payable to '**A.E. Phillips Cross Country.**'

Number of Students participating: _____ x \$35.00 = _____

Number of C-C Decals: _____ x \$ 5.00 = _____

Number of C-C yard signs: _____ x \$20.00 = _____

TOTAL \$ _____