



ICS Cross Country Permission Form

Program is for grades 4 – 8 and will meet from **3:00-4:15 p.m. each Tuesday and Thursday beginning September 13th and ending October 27th.**

Program fee is \$75 for the first child and \$60 for each additional child.

<i>Student First Name</i>		<i>Student Last Name</i>	
<i>Grade</i>			
<i>Teacher</i>			
<i>T-Shirt Size</i>	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		

<i>Student First Name</i>		<i>Student Last Name</i>	
<i>Grade</i>			
<i>Teacher</i>			
<i>T-Shirt Size</i>	<input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		

I give permission for my child(ren): _____

to attend Cross Country at Immaculate Conception School.

Program is for grades 6-8 and meets Tuesdays and Thursdays 3:00 – 4:15 pm beginning Tuesday September 13th through Thursday October 27th.

Enclosed is \$ _____ \$75 for first child and \$60 for each additional child. (Please make checks payable to ICS.)

Parent Email: _____ Parent Cell #: _____

In case of an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please return completed form to the school office prior to September 13th