CROSS COUNTRY PERMISSION FORM
Grades 4-8

I on my behalf, individually and as parent/guardian of my child and on behalf of my child, our heirs, executors and administrators hereby release and forever discharge the Roman Catholic Archbishop of Boston, a Corporation Sole, its agents, servants, employees, coaches, assistant coaches, principals, teachers, instructors, volunteers and priests and each such person's agents, representatives, successors or assigns from any and all claims and causes of action, including but not limited to, claims for personal injury or property damages which I, individually and as parent/guardian of my child and on behalf of my child, may have arising out of or in any way related to the aforementioned field trip, activity or event. I also state that I am not aware of any health reasons which would prohibit or limit my child's participation in their field trip, activity or event.

2026 Cross Country Season - September 22, 2026 - October 24, 2026

Practice immediately after school Tuesday and Thursday 2:15pm-3:30pm
Meets on Thursdays

I, as parent or guardian, give permission for my child:

_____Grade_____ to participate in the **2026 Cross Country Season** . In case of an emergency or injury, I give permission for my child to receive medical treatment.

Required Parent/Guardian Signature

_____

Date_____

Email_____ Phone _____

Any Allergies_____

Cross Country Fee is $25
Uniform (if a new one is needed) is $23 - Uniform can also be used for spring track.
Fees will be charged though FACTS

New cross country uniform needed? Yes____ No____

Youth - Small____Medium____Large on backorder. Adult small should be similar.

Adult - Small____Medium____Large____