



St. Mark School  
2023-2024 Athletics Program Registration Form  
CROSS COUNTRY

Please complete both sides of this form and return to your child's coach prior to the first practice.  
\_\_\_\_ Co-ed Varsity (Gr 7/8)      \_\_\_\_ Co-ed Junior Varsity (Gr 5/6)

**Player's Information**

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ School \_\_\_\_\_ Parish \_\_\_\_\_

Please list any allergies, medical conditions that the coaching staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian's Information**

The following information must be completed and signed by the appropriate parent or guardian and turned in to St. Mark School before participation in student athletic activities will be allowed.

Parent/Guardian #1: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Cell \_\_\_\_\_

All players participating in athletic activities at St. Mark School must have their own medical coverage. Students will not be allowed to participate in student athletic activities unless the following information is submitted and the form is signed by the parent or the guardian of the student.

**Insurance Information**

Insurance Company \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Address or phone number of insurance company \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Wavier of Liability**

We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the student. I hereby give permission to the staff and agents of St. Mark School to seek during the period of school athletic activities, appropriate medical attention and for the student to receive medical attention and treatment to be covered under the student's insurance policy detailed on page 1 of this form. I/We the undersigned, for ourselves, our heirs, our executor and administrator, waiver, release, and forever discharge St. Mark School and its staff, officers, agents, volunteers, employees, representatives, successors and assigns from any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury or property damage that may be sustained or occur during participation in student athletic activities or while at school.

Student's Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_