



Office Use:
Name _____
Check # _____
PMOF _____
Amt. Pd. _____
Date _____

## 2024 Co-Ed Cross Country Team Registration Grades 5-8

I/We, the parents of the undernoted student, hereby give my/our approval for his/her participation in any and all St. John's activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities. I/We hereby waive, release, absolve, indemnify, and agree to hold harmless St. John's Episcopal School, its organizers, sponsors, participants and persons transporting my/our son/daughter to or from activities, for any claim out of injury to my/our son/daughter. I/We assume responsibility for the administration of all medications to my/our son/daughter during these activities. It is the responsibility of the parent to discuss medical conditions and provide medications and administration procedures with your child's coach. Medications maintained in the health room at St. John's Episcopal School are for use during the school day and are not available for use in after school activities.

Parent/Guardian signature: \_\_\_\_\_

***Please print:***

Parent 1 name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent 2 name: \_\_\_\_\_ Phone: \_\_\_\_\_

Player Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

Please list any allergies or medical conditions the staff may need to know in case of an emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Check for \$150 made out to "St. John's Episcopal School" and returned with the registration form to the front office by Friday, September 6, 2024. **Your canceled check is the receipt of your form.**

\_\_\_\_\_ Please use FACTS

Please return to the front office by Friday, September 6, 2024

**Questions?** Please call Bryan Hayre at 301-774-6804 x 196 or e-mail [bryan.hayre@stjes.org](mailto:bryan.hayre@stjes.org)

***PLEASE KEEP THIS PORTION  
of your registration form  
for future reference.***

**2024**

**St. John's Co-ed 5<sup>th</sup>-8<sup>th</sup> Grade Cross Country Information**

- Practice will begin on Wednesday, September 6.
- Practices will take place on Tuesdays, 3:30 to 4:30 pm. Students not picked up by 4:35 will be sent to After Care and charged the drop in fee.
- Meets may occur any day of the week Monday through Friday.
- Students may participate in cross country and play soccer or volleyball.
- Equipment needed: All players must provide their own t shirts, shorts, sweats, socks and running shoes.
- Meet courses are typically 1.5 to 2.1 miles.
- Uniforms will be provided. Uniforms must be returned at the conclusion of the season. Students will be billed for any unreturned or damaged uniforms.
- Typically, practices will be held indoors in the case of inclement weather. As decisions are made regarding cancellation of practices or meets, a message will be sent put via school communication.
- Please check the St. John's website for meet schedules, meet changes and directions.
- Approximate pick up times and class dismissal times will be announced in advance
- Changes may occur for reasons other than weather.
- To register, please complete the attached form and return with a check for \$150 or FACTS to the front office by Friday, September 6, 2024.
- Any questions, please contact Bryan Hayre at [bryan.hayre@stjes.org](mailto:bryan.hayre@stjes.org) or 301-774-6804

