ST. JOHN FISHER RUNNING CLUB PERMISSION WAIVER

Please Print Student's name:	
Date of Birth:	Age:
Grade:	-
Address:	
Home Phone:	
Father's name:	cell/work number:
Mother's name:	cell/work number:
Email address (please list any that are checked regularly)	
I/We, the parents or guardians of the above named st sport or activity under the authorization of the St. John participants including transportation to and from the	tudent do hereby give my/our approval to his/her participation in the above named hn Fisher School. I/We assume all risks and hazards incidental to such named sport or activity.
Church and School, the organizers, sponsors, superv	and agree to hold harmless the St. John Fisher Athletic Association, St. John Fisher isors, participants, and persons transporting my son/daughter to and from the above in injury to my/our son/daughter, whether the result of negligence or for any
I/We agree to return upon request the uniform and of except for normal wear and tear or will financially m	ther equipment issued to my son/daughter in as good a condition as when received take up for any damage or loss.
Parents should be aware that their insurance policy n should consult with their insurance agent to determine	may not adequately cover their child when participating in this activity. They are if additional coverage is needed.
We encourage but do not require a physical exam of	your son/daughter.
PARTICIPATION FEES	
Students will need to pay a \$25 fee for th Run an additional fee may apply.	e running club. Should the runners elect to run in the Ridge
I/WE HAVE READ AND U	NDERSTAND THE POLICY
Signed:	
Father	Mother
T-Shirt Size (circle one): YS YM	YL AS AM AL AXXL
Check list: signatures Email address	Checks: Participation fee; Service fee; Uniform Deposit