



# St. John the Apostle School

*Inspiring Mind and Soul*

Valley Road – Clark, NJ 07066

[www.leaguelineup.com/stjohnruns](http://www.leaguelineup.com/stjohnruns)



## PERMISSION FORM FOR PARTICIPATION

Dear Parent/Legal Guardian:

Your 1<sup>st</sup>-8<sup>th</sup> grade child is eligible to participate in a school sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of volunteers from St. John the Apostle School. A brief description of the activity follows:

Name of Event: St. John the Apostle 2019 Cross Country

Practice Times and Location: Grades 3-8 Tuesdays and Thursdays from 5:30-6:45pm at Oak Ridge Park

Grades 1-2 Tuesday 5:45-6:30 at Oak Ridge Park

Questions: [TMuir13@msn.com](mailto:TMuir13@msn.com)

Cost: \$30 grades 3-8 \$15 grades 1-2.

Make checks payable to **St. John's Track**.

**Shirts & Sweatshirts** will be made available for an additional cost when the season begins.

**For the meet schedule and additional information please visit the team website:**

**[www.leaguelineup.com/stjohnruns](http://www.leaguelineup.com/stjohnruns)**

If you would like your child to participate in this activity, please complete, sign and return the following statement of consent and release of liability. As parent/legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student.

**BRING BOTTOM PORTION & PAYMENT TO PRACTICE**

**\*\*\*REGISTRATION IS NOT COMPLETE UNTIL THE ONLINE REGISTRATION FORM IS FILLED OUT.**

**PLEASE GO TO [www.leaguelineup.com/stjohnruns](http://www.leaguelineup.com/stjohnruns) AND CLICK ON THE LINK. \*\*\***

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Dear St. John the Apostle School:

I request that my child, \_\_\_\_\_, participate in \_\_\_\_\_ as described. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated school employee or volunteer on the stated dates. I further consent to the conditions stated regarding participation in this event, including the method of transportation.

I understand and agree that in the event that my child should suffer injury of any sort while participating in the described event, to hold harmless and not pursue any claims against the school/school group sponsoring this activity, or any of its agents, servants, or employees, unless such injury is a result of their intentional or gross negligent conduct.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Middle States Accredited**