



## Cross Country and Spring Track Registration Form

Please print clearly:

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ SJPII Student or CCD Student \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Parent's E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mothers' Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Registration Fee: \$40 / Must be paid prior to participation (this fee covers both Cross Country & Spring Track)

T-Shirt Size: YS \_\_\_ YM \_\_\_ YL \_\_\_ YXL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ AXL \_\_\_

Make checks payable to: St. John Paul II R.S., indicate Athletics in memo.

Amount enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_

### Insurance information

You must select one of the options below:

Insurance compliance is a mandate of the Diocese. Your signature gives your child permission to participate in any activity

\_\_\_ I reviewed my automobile policy and find that I am covered for a minimum of \$100,000/\$300,000 in liability. This enables

Me to participate in any team car pool to and from an athletic event.

\_\_\_ I do not wish to participate in any car pooling to or from any athletic event.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*This must be accompanied by a Medical Release Form \*\***

**All Forms are available online [www.jp2rs.org](http://www.jp2rs.org)**

*Completed form must be sent to Main Office marked "Athletics."*

Contact Matt Strickland at [matts@starlite.com](mailto:matts@starlite.com) with questions.

55 Warwick Road Stratford, NJ 08084 856-783-3088 [www.jp2rs.org](http://www.jp2rs.org)