

# Lansing Area Catholic Middle School Track and Field

For all 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students attending a Lansing area parochial school.

Practice starting on March 20, 2017, 5:15 pm @ Lansing Catholic HS

Cost \$80 includes uniform/\$50 if you already own a uniform

For more information contact Coach Cristin Reid [cristinreid@hotmail.com](mailto:cristinreid@hotmail.com) or (517)204-5991 or LCCHS Track Coach Tim Simpson [LCCXC@aol.com](mailto:LCCXC@aol.com) or Lansing Catholic Middle School Cross Country Facebook page <https://www.facebook.com/groups/483185061694314/>

All participants **must** complete the following and return with payment to the coach at first practice:

## Emergency contact information

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

IN EMERGENCY 1) \_\_\_\_\_ Phone # \_\_\_\_\_ 2) \_\_\_\_\_ Phone # \_\_\_\_\_

Email(s) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Drug Reactions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions coach should know about \_\_\_\_\_

I, \_\_\_\_\_, an 18 year-old, or the parent or guardian of \_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

\_\_\_\_\_  
GUARDIAN OR 18 YEAR-OLD DATE SIGNATURE OF PARENT OR

## Check and complete one:

Student needs a uniform. (Men's S, M, L, XL and Women's XS, S, M, L, XL)  
Shorts size \_\_\_\_\_ Singlet size \_\_\_\_\_

Student owns a uniform.

## Check and complete one:

A current, completed copy of a physical card is on file at \_\_\_\_\_ School

A current, completed copy of a physical card is attached.