

DAN SAVAGE MIDDLE SCHOOL

CROSS COUNTRY

Grade_____

PERMISSION TO PARTICIPATE

My child _____ has permission to participate in Cross Country at Savage Middle School. The first practice is Tuesday, Aug, 29th from 3:00-4:00pm. Please fill out the information below and return to Mr. Perry (PE/Gym) at the first practice. Additional information will be handed out the first week of practice...schedule, insurance info, etc. **Please dress accordingly: proper running shoes, shorts, and tops.**

Feel free to email any questions.

Thank You,

Mr. Perry

209.552.3300

cperry@sylvan.k12.ca.us

In case of an emergency:

Please notify_____

Phone Number_____or

Phone Number_____

Parent/Guardian (please print)_____

Parent/Guardian signature _____ Date_____