

**St. Joseph High School Cross Country Camp
August 13th – 16th, 2019**

Name: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

T-shirt Size: _____

Parental Consent:

My son and/or daughter has been examined by a physician and has my permission to participate in the St. Joseph High School Cross Country Camp held at Warner Camp. I hereby release the camp director, camp staff, St. Joseph High School Cross Country Coaches, and St. Joseph Public Schools from any and all liability for any injuries incurred at the 4 day camp. I also have adequate insurance coverage in the event of any injury that may occur during camp.

Parent or Guardian Signature: _____ **Date:** _____