ST. URSULA CROSS COUNTRY 2026/2027
PERMISSION FORM & RELEASE

Student Name: _____ Date of Birth: _____
Parent/Guardian Name: _____
Home Phone: _____ Work/Cell Phone: _____
Address: _____

I give permission for my child to participate in this year's St. Ursula Cross Country practices for the 2026-2027 school year. I understand the risks involved and agree that **St. Ursula School, the Archdiocese of Baltimore, and their staff** are not responsible for any injuries or accidents that may occur.

If I cannot be reached in an emergency, I allow staff to seek medical care for my child.

Medical conditions, allergies, or medications:

Dietary restrictions:

Photo Release: Photos/videos of participants **may** be used in school or Archdiocese materials. If you **do not** want your child to be photographed, please notify the school in writing.

Practices: Tuesdays and Fridays from 3:15 to 4:15 PM at St. Ursula School. While we would love for runners to attend both days, only one practice per week is required to participate. Our first practice will take place on Friday, September 11th, from 3:15–4:15 p.m. Please pick up your child promptly at 4:15. If your child is already enrolled in the Extended Day program and you would like them to go there after practice, please initial below.

_____ Please send my child to Extended Day at the conclusion of Cross Country practice.

If your child will be carpooling with someone, please provide the name and contact information below.

_____
Name Cell Phone Number

Parent/Guardian Signature: _____ Date: _____