

2019 SUMMER CONDITIONING REGISTRATION FORM

GRAYSON HIGH SCHOOL CROSS COUNTRY

STUDENT/ATHLETE INFO

Please note, if your STUDENT does not have a cell phone, email and/or social media pages please leave blank in THIS section.

First Name: _____ Last Name: _____

Nickname: _____ Cell Phone: _____

Mailing Address: _____

Email Address: _____

Instagram Name: _____ Facebook Name: _____

Last school attended (2018-2019 school year): _____

Last grade completed: 8th 9th 10th 11th Gender: Male Female

Prior running experience: Yes No [not a requirement, this just helps us get to know you better]

Medic Alert: Yes No [if yes, must be documented on your GHS Physical Form]

Known Allergies: Yes No [if yes, must be documented on your GHS Physical Form]

PARENT #1 INFO

Please note, if you do not have a cell phone, email and/or social media pages please leave blank in THIS section.

First Name: _____ Last Name: _____

Nickname: _____ Cell Phone: _____

Email Address: _____

Instagram Name: _____ Facebook Name: _____

PARENT #2 INFO

First Name: _____ Last Name: _____

Nickname: _____ Cell Phone: _____

Email Address: _____

Instagram Name: _____ Facebook Name: _____

ALTERNATE CONTACT - IF PARENT CANNOT BE REACHED

Name: _____ Relationship to Athlete: _____

Cell Phone: _____ Home Phone: _____

Please email this Registration Form to the XC Booster Club: graysonxc@gmail.com