

**North Cypress Running Club
2010 Summer Cross Country Preparation Program
Application**

Participant's Name _____

Address _____

City _____ Zip Code _____ Phone _____

School you will be attending for 2010/2011 _____

Grade (Fall 10) 5th 6th 7th 8th 9th 10th 11th 12th

Telephone (Home): _____

Preferred Emergency Contact: _____

Work (Father): _____ Cell Phone (Father): _____

Work (Mother): _____ Cell Phone (Mother): _____

Parent's/Guardian's Name (please Print): _____

E-Mail: _____

REMEMBER

- Payments must be made before June 7th, 2010**
- Each training session will last approximately 90 minutes**
- Must have a Physical form to participate, bring copy!!!**

I hereby grant my permission for my child to attend the North Cypress Running Club Cross Country Summer Training Program. I certify that they are physically fit for all program activities, and in case of injury, illness, or accident she may be treated by a licensed physician. I release North Cypress Running Club, all staff, and employees associated herewith from any liability and financial responsibility for personal injury arising during applicant's participation in the training program.

Parent Signature: _____ Date: _____

**Make Checks Payable to:
Molly Zarate
20902 S. Amber Willow Tr
Cypress, TX. 77433
gregory.zarate@cfisd.net**