

# Cross Country Permission Slip

Student Name: \_\_\_\_\_

2018-2019 Grade Level: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Text Number: \_\_\_\_\_

I \_\_\_\_\_ give my son/daughter permission to run cross country for the 2018-2019 school year at WLB. I have read and understand all the rules and time commitment for cross country.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to the office or Mr. Skold by May 29.**