



FLVT Cross-Country 2024 Zone Meet Permission Form



September 26, 2024

Hello Everyone

Congratulations to all our athletes who qualified for the Zone cross-country meet in Medicine Hat, Alberta on Wednesday, October 09. Students will depart FLVT by school bus at 7:15. Athletes will compete in the meet and stop for lunch as a team before traveling back to FLVT. We will arrive at the school by approximately 3:30.

The fee for the zone meet is \$40.00 (the fee includes race entry and transportation). Transportation will be by school bus (First Student Transportation). Athletes will be responsible for the cost of their own lunch or bring their own. Please let us know if the fee or lunch is an issue and we will work with you.

We are working with another school to ensure enough transportation for all athletes. Please let us know if you will drive your athlete to the meet as this impacts costs and transportation fees. Reminder, you can only drive your child.

Please contact Mr. Leger at the school (403-381-0953) or by email (legers@holyspirit.ab.ca) if you need more information.

Thank you

Mr. Leger

Father Leonard VanTighem

RACE SCHEDULE

U13 GIRLS (Bantam)	2K	10:00AM
U13 BOYS (Bantam)	2K	10:20 AM
U14 GIRLS (Midget)	2K	10:40 AM
U14 BOYS (Midget)	2K	11:00 AM
U16 GIRLS (Juvenile)	3K	11:20 AM
U16 BOYS (Juvenile)	3K	11:45 AM



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PERMISSION FORMS

FIELD 1: Contact & Medical Information

Please fill out the following information in case we need to get a hold of a parent/guardian while we are on the trip:

Name of parent/guardian: _____

Home #: _____ Work #: _____ Cell #: _____

Any relevant medical information (including medication):

FIELD 2: City Cross Country Meet Permission

I hereby give my child _____ permission to attend the attend the FLVT Zones Cross Country Meet in Medicine Hat. I understand transportation will be by First Student bussing. I also give consent for supervisors to seek medical treatment if necessary. The supervisors will make every effort to contact parents regarding any emergency as soon as possible.

Parent/guardian Name (please print)

Signature of Parent/Guardian

Date

Emergency Contact

Phone Number

Relationship

Please check off if you are driving our athlete to the meet:

I will drive my athlete to Medicine Hat for the meet _____



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