



FLVT Cross-Country 2024 Cities Meet Permission Form



September 12, 2024

Hello Everyone

Congratulations to all our athletes who qualified for the city cross-country meet at Nicholas Sheran Park in Lethbridge. Students must be dropped off at Nicholas Sheran (close to the start line near the playground) by 8:30. Athletes will be provided a pizza lunch after the meet and will walk back to school with their supervisors. Thank you to the parent council for providing the pizza.

There is a \$10.00 fee for the city meet. All athletes who complete the run at the City XC meet qualify for the Zone XC meet on October 09 in Medicine Hat. There will be an additional fee for zones which will be determined by the number of athletes going to the meet and transportation costs. We look forward to having a full team participate in cities and zones.

Reminder to dress for the weather. A chair, extra clothes, gloves, and toque may be a good idea depending on conditions.

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

Thank you

Mr. Leger

Father Leonard VanTighem

Race Schedule: Ages as of September 01, 2023 (age in brackets for category)

PeeWee Girls U12 (11, gr. 6) 9:15	PeeWee Boys U12 (11, gr. 6) 9:30
Bantam Girls U13 (12, gr. 7) 9:45	Bantam Boys U13 (12, gr. 7) 10:00
Midget Girls U14 (13, gr. 8) 10:15	Midget Boys U14 (13, gr. 8) 10:30
Juvenile Girls U15 (14, gr. 9) 10:45	Juvenile Boys U15 (14, gr. 9) 11:00



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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 Citys Cross Country Meet at Nicholas Sheran Park in Lethbridge. I understand transportation will be the parent/guardian responsibility for morning drop-off and athletes will be walking back to FLVT. 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
