



**2011-2012 School Year**

Dear Parent,

Your child participates in **Cross Country** at Lincoln. We are very proud of our students' contributions to our school community and hope they have a valuable and enjoyable experience. **Please sign and return the bottom portion of this form along with the \$200.00 activity fee by September 7, 2011.**

Sincerely,

Donald S. Angelaccio, Ed.D.  
Principal

I hereby grant permission for my child, \_\_\_\_\_, GRADE: \_\_\_\_\_, to participate in **Cross Country** at Lincoln during the **2011/12** school year. I grant permission for my child to travel to and from interscholastic activities in transportation arranged for by the school. I authorize emergency medical services for my child and understand that I will be notified as soon as possible in the event of a serious injury. Furthermore, I confirm that my child is covered by my family health insurance plan or student accident insurance.

I also agree to return the uniform (if any) associated with this sport within two weeks of the conclusion of the activity. I agree to pay replacement costs if the uniform is not returned to Lincoln.

The parent/guardian email address on file may be used as a primary method of communication for this activity.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Name & Phone: \_\_\_\_\_

Please describe any medical issues that should be brought to the sponsor's attention:  
\_\_\_\_\_  
\_\_\_\_\_

**Fee: Participation in Cross Country requires an activity fee of \$200.00 payable to Mount Prospect School District 57.** This fee will not be refunded if there is a change of interest during the program.

*"The Mount Prospect School District 57 student fee structure gives recognition to the fact that some extracurricular programs cost more than others to provide; however, the overall intent is to provide an affordable wide range of activities without overburdening participants in one activity."*