

****Please complete and return this page to school by Tuesday September 17th****

Player's Name: _____

I give consent for my child, _____, to participate on Aubrey's Cross Country Team.

Parent or Guardian Name _____

Parent or Guardian Phone Number: _____

Parent or Guardian Signature _____

_____ I can drive a group of Cross Country team members to our Cross Country Meet on Thursday, September 26, 2024 from 3:30-4:30pm. I have space & seatbelts for _____ players. I understand that I am responsible for driving students back to Aubrey.

_____ I can drive a group of Cross Country team members to our Cross Country Meet on Thursday, October 3, 2024 from 3:30-4:30pm. I have space & seatbelts for _____ players. I understand that I am responsible for driving students back to Aubrey.

_____ I can drive a group of Cross Country team members to our Cross Country Meet on Thursday, October 10, 2024 from 3:30-5:30pm (Awards Meet). I have space & seatbelts for _____ players. I understand that I am responsible for driving students back to Aubrey.

_____ I am unable to drive a group of Cross Country team members to our Cross Country Meets