



## IMMACULATE CONCEPTION SCHOOL 2021 CROSS COUNTRY REGISTRATION FORM

Dear all 6<sup>th</sup>, 7th and 8th Grade Parents:

We are pleased to announce that there will be a competitive fall Cross Country season this year. Immaculate Conception's mission is to provide a rewarding experience for our students that will help build their self-esteem, build the spirit of cooperation beyond the classroom/virtual classroom, as well as teach and reinforce the values of a Christian student-athlete. We are hoping that all interested students take advantage of this opportunity.

We are planning that our Cross Country season will begin Wednesday, September 8th. Our season will run from September 8th through the end of October. Weekly practices will be held on Monday, Wednesday & Fridays from 3:30 - 4:45 at Maudslay State Park. Meets will be held on Thursdays - beginning Sept. 30th and every Thursday in October. Currently, all meets will be held at Maudslay State Park. Runners will need to be at the park by 3:30pm for meets, but for parents coming to watch the meet, the meets officially start at 4pm.

The bathrooms at Maudslay are open and students can change there. Also, any student who is "walker" can ask their homeroom teacher for permission to change at school before being dismissed. Please encourage your runner(s) to dress appropriately for the weather. Fall weather can vary greatly from day to day. Layers are always the best option.

Proper footwear is required. This cannot be stressed enough. A quality pair of running shoes will help prevent injuries and make your child's running experience much more enjoyable. We also ask that you please remind your child to bring a water bottle, with his/her name clearly labeled on it. Drinking plenty of water and staying hydrated throughout the day is equally as important.

The fee for participation in the IC Cross Country program will be \$60.00. This will cover our permit fee, sweatshirts, trophies and other expenses related to the cross country season. If this fee is a hardship for any family, please contact Mrs Sullivan directly. We do not want any runner to not participate due to fees.

In order for your child(ren) to participate we will need the following:

- A current (within the last 13 months) physical exam on file with the school nurse.
- Release from Liability and Indemnity Form completed and submitted prior to 1st practice
- Cross Country Student Registration Form - completed and submitted prior to 1st practice
- Medical Consent Form - completed and submitted prior to 1st practice
- A check for the amount of \$60.00 made payable to: Immaculate Conception School - with ***XC registration fee*** written on memo line.

Please feel free to contact me at [athletics@icsnewburyport.com](mailto:athletics@icsnewburyport.com) with any questions.

Sincerely,

Kirsten Dumaresq, Athletic Director  
Immaculate Conception School



## STUDENT-ATHLETE REGISTRATION INFORMATION

Student-Athlete Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Please Print)

E-Mail Address: \_\_\_\_\_

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

If you would like an additional parent to receive email updates please include that information below:

Parent Name: \_\_\_\_\_  
(Please Print)

E-Mail Address: \_\_\_\_\_

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

Student T-shirt size: Youth sizes: YM YL Adult Sizes: AXS AS AM AL AXL  
(Please circle one size)

Parent Name (Print): \_\_\_\_\_

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

**\*\*\* To be eligible to practice each student must have the following submitted:**

- \_\_\_\_ Registration Form
- \_\_\_\_ Parent/Student Consent Release from Liability and Indemnity Agreement
- \_\_\_\_ Current physical exam
- \_\_\_\_ Medical Consent Form



**IMMACULATE CONCEPTION SCHOOL  
PARENTAL/STUDENT CONSENT  
RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT**

I, the undersigned parent/guardian/legal representative of

\_\_\_\_\_

(Student's name)

a minor, do hereby consent to his/her participation in Immaculate Conception School athletic program, and in consideration of his/her being permitted to so participate, I, on behalf of myself/my heirs, my agents and my representatives, and on behalf of

\_\_\_\_\_

(Student's name)

do forever RELEASE, acquit, discharge, and covenant to hold harmless, Immaculate Conception School, and its boards, commissions, committees, officers, employees, servants, agents and representatives from and against any claims, demands, causes of action, charges, lawsuits, loss of liability of any kind, in any way arising out of or resulting from directly or indirectly, all known or unknown personal injuries or property damage or death, which I may now have or hereafter have as the parent/guardian/legally representative of said minor, as well as any claims, demands, causes of action, charges, lawsuits, loss of services, compensation, costs, including without limitation attorney's fees, damages and/or liability of any kind, which said minor has or hereafter may acquire, either before or after he/she reaches the age of majority, in any way arising out of or resulting from, directly or indirectly, his/her participation in Immaculate Conception School's athletic program.

In addition, I, as parent/guardian/legal representative of said minor, agree to indemnify and hold harmless Immaculate Conception, and its boards, commissions, committees, officers, employees, servants, agents, and representatives, in the event that any claim, charge, action or lawsuit is brought against Immaculate Conception School and/or its personnel, which is in any way arising out of or resulting from, directly or indirectly, said minor's participation in Immaculate Conception School's athletic program. I further agree to indemnify, hold harmless, reimburse and make good Immaculate Conception School and its personnel, for any judgment, costs, including without limitation attorney's fees, expenses, charges, and damages of any kind which Immaculate Conception School and/or its personnel is required to pay as a result of any act or omission of said minor or any parent, guardian or legal representative of said minor with respect to his/her participation in Immaculate Conception School's athletic program.

I give my permission for my son/daughter to participate in the athletic program at IMMACULATE CONCEPTION SCHOOL for the 2021 spring season. I acknowledge that I have read the above paragraphs and have not relied upon any representations of Immaculate Conception School or its personnel, and am fully advised of the potential dangers of participating in the above described athletic program.

\_\_\_\_\_  
(Signature of Parent/Guardian/Legal Representative)

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

\_\_\_\_\_  
(Signature of Student)

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



Immaculate Conception School  
Medical Consent Form

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EMERGENCY MEDICAL CONSENT FORM

*Please print, fill out and return with Registration Form*

I, \_\_\_\_\_ hereby give my consent for Emergency Medical Care  
to  
(parent/guardian name)

be given for my child, \_\_\_\_\_ while (he/she) is  
(child's full name)  
in the care of Immaculate Conception School.

Child's Physician Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Does your child have any illness or special conditions, asthma, allergies, etc? No \_\_\_ or  
Yes \_\_\_

If, yes please indicate: \_\_\_\_\_

Will your child be carrying their own rescue medication? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes: \_\_\_ Inhaler \_\_\_ Epi Pen Other: please specify:  
\_\_\_\_\_

In case of such an emergency, please provide (2) contacts:

Emergency Contact #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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