



# DALLAS PAROCHIAL LEAGUE CROSS COUNTRY REGISTRATION FORM

## ATHLETE'S INFORMATION

Name \_\_\_\_\_ HR \_\_\_\_\_  
t-shirt size \_\_\_\_\_ shorts size \_\_\_\_\_

## PARENT CONTACT INFORMATION

Name \_\_\_\_\_  
Phone (hm) \_\_\_\_\_ (w) \_\_\_\_\_  
(cell) \_\_\_\_\_  
E-Mail \_\_\_\_\_

\_\_\_\_\_ I Would like to coach t-shirt size \_\_\_\_\_  
\_\_\_\_\_ I Would like to help t-shirt size \_\_\_\_\_

If you have any questions please contact Michele Jones at (972) 243-7105 ext. 15.

I hereby give permission for my child to participate in DPL Cross Country representing Mary Immaculate School.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date