

## Davis High Cross Country 2017

Athlete Name \_\_\_\_\_  
**Given Name** (no nicknames)

Phone \_\_\_\_\_

Grade in School \_\_\_\_\_

If grades 10-12,

DHS

or Da Vinci

If 9th Grade,

Holmes

or Emerson

or Harper

**I have read and understand the Team Philosophy and Athlete Expectations posted on [www.davisxc.com](http://www.davisxc.com)**

Really - read the document. Please don't treat this like an Internet Terms and Conditions checkbox. :)

**I understand that a new athlete must register with XCStats and provide all required information in order to be on the team roster.**

Athlete Signature: \_\_\_\_\_

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

**Team Operations and Transportation Contribution for 2017 is \$130.00**

Checks payable to DHS Cross Country

Check Memo Field: Cross Country

Please contact coach Bill if there is financial need.

Enclosed

**Would you like to make an additional donation to the team?**

Enclosed  Amount of additional donation \_\_\_\_\_