CONTACT/EMERGENCY CONTACT INFORMATION

Student #1 Name:		Grade:	
Email address:	Cell phone:		
Student #2 Name:		Grade:	
Email Address:	Cell phone:		
Parent/Guardian #1 Name:			
Mailing Address:			
Home Phone:	Work phone:	Cell phone:	
Parent/Guardian #2 Name:			
Mailing Address:			
Home Phone:	Work phone:	Cell phone:	
Parent/Guardian #1 Email Addres	s:		
Parent/Guardian #2 Email Addres	s:		
Emergency Contact (other than pa	rents/guardians): Name:		
Phone(s):			
	FEES		
Fees for Middle School Cross Coun refunded after the first two wo uniform deposit for the team deposit to be returned.	eeks of practice. A separate ch	eck of \$75.00 will also	be required as a
Fee Amount Enclosed:	Deposit Am	ount Enclosed:	(*separate check*)
	WAIVER		
I hereby give my consent for the ab Denver Waldorf School for equipm cannot accept responsibility for pe	ent issued to my child should it be	·	S
I authorize the Athletic Director, C attention as may be necessary for r in attendance at such event. I here authorization for any and all dama	ny child as a result of injuries or ot by release said school official from	her events requiring ement any and all liability on ac	rgency care while I am not
Parent/Guardian Signature	Da	ate	