I HAVE READ and understand the TEAM GUIDELINES packet. I agree to abide by these guidelines.

Athlete Name:

Athlete Signature: Date:

Parent Name:

Parent Signature: Date:

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I HAVE READ and understand the OFF CAMPUS RUNNING sheet. I agree to abide by these guidelines.

Athlete Name:

Athlete Signature: Date:

Parent Name:

Parent Signature: Date:

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Please check the appropriate box regarding the use of your image by the KE Cross Country Instagram account (NOTE: This does NOT apply to any photographs taken for the official school website or yearbook. You consent to be photographed for those purposes as part of the Code of Conduct agreement):

I DO NOT give my consent to be photographed for the KE Cross Country Instagram account

—OR—

I DO give my consent to be photographed for the KE Cross Country Instagram account

Athlete Name:

Athlete Signature: Date:

Parent Name:

Parent Signature: Date:

I HAVE READ and understand the CORONAVIRUS PROCEDURES sheet. I agree to abide by these guidelines.

Athlete Name:

Athlete Signature: Date:

Parent Name:

Parent Signature: Date: