NO EXCUSES Running Club

PLEASE PRINT THIS PAGE AND BRING TO NERC along with SPORTS PHYSICAL

Parent:

I have read the informational letter and give permission for my son or daughter to participate:  _Y / N____

Student’s Name _____________________________________________ Grade ______

Parent’s Name _______________________________________________________________

Email address ________________________________________________________________

Phone # _____________________________________________________________________

Signature____________________________________________________________________

Date___________________________________________________________

Valid sports physical  (Y / N)

**Student Conduct Agreement:**

Student athletes are held to a higher standard and expected to follow Student Conduct Code outlined in FCMS athletic rules. If a runner is found to have broken a rule, the student will be dismissed immediately. The No Excuses Running Club is a privilege held only to athletes implementing and emulating moral character.

I have read the FCMS athletic rules and agree to follow them therefor becoming an athletic leader. I understand I will be dismissed from the No Excuses Running Club should I choose to break FCMS school/athletic rules.

Student
signature_______________________________________________________Date____________________