

Corpus Christi Catholic School  
Marathon Club  
Consent Form

Student(s) \_\_\_\_\_

\_\_\_\_\_

My Child (ren) named above, has (have) permission to participate in the Corpus Christi Marathon Club. My child is physically fit to participate in this activity and I understand that it is outside the school day, therefore, I will not hold Corpus Christi School and Parish or any volunteers responsible for accident or illness. I authorize the Club coordinator to act for me in an emergency situation. Furthermore, I understand this is a voluntary program with guidelines and if my child is not following the guidelines, he or she could be removed from the program. The cost of the program is \$10.00 per child. This is to cover the cost of the t-shirts once your child has completed the marathon.

Parent / guardian  
signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Cell phone \_\_\_\_\_

*In the event of bad weather we will communicate by email.*

Email \_\_\_\_\_

Student T-shirt Size (please list child's name next to desired size)

Youth (S) \_\_\_\_\_ Adult (S) \_\_\_\_\_

Youth (M) \_\_\_\_\_ Adult (M) \_\_\_\_\_

Youth (L) \_\_\_\_\_ Adult (L) \_\_\_\_\_