

ST. BRIGID/OUR LADY OF HOPE REGIONAL SCHOOL

101 Maple Avenue, Westbury, NY 11590 • (516) 333-0580 • www.stbolh.org



2017 Cross Country Registration

Student _____ Grade _____

Address _____

Home Telephone _____ Email _____

Parent/Guardian

Name _____ Cell Phone _____

Email _____

Name _____ Cell Phone _____

Email _____

Please list any medication(s) your child takes (specifically inhalers) or any medical conditions we should be aware of.

I give permission for my child to receive emergency medical treatment if necessary.

Signature _____ Date _____