Thanks for thinking about joining the BIS Cross Country Team.
Name ________________________________  Homeroom ___________________________

Here are some things you need to DO or know before you sign up.

<table>
<thead>
<tr>
<th>1. Please provide emergency contact information.</th>
<th>Attendance (for coaches)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name _______________________ Number ____________________________</td>
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<tr>
<td>Name _______________________ Number ____________________________</td>
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</table>

2. Being on the Cross Country team makes you eligible for the BIS athletics pin, when you participate in at least 80% of the required practices and meets. (We meet 3 days a week on average. See the attached calendar)

3. Complete the online concussion baseline test.  
   ***The test works best in google Chrome
   DIRECTIONS
   a. Open [https://www.barnstable.k12.ma.us](https://www.barnstable.k12.ma.us)
   b. Click departments
   c. Click Athletics
   d. Click [ImpACT Baseline Concussion Test](https://www.barnstable.k12.ma.us)
   e. Copy the access code 4E2E725295
   f. Take the test
   ***If you don’t have internet access, please see Coach Sweeney (room 254) or Coach Covey (room 255)

4. Please go to the nurses office and have them verify that you have a current physical on file. Nurses Signature ___________________________

5. Team shirts require a $10 deposit or maybe purchased to keep for $10. 
   Please circle: I have enclosed $10: to (deposit) ( buy) a team shirt. 
   Circle: (Adult Sizes) S, M, L, XL, Circle: Short Sleeve or Long Sleeve
   (Make checks to Town of Barnstable)

6. All practices end at 4:00, students should be picked up by 4:15 or take the late bus on Tuesday and Thursdays. Meets end at different times and will be listed on the calendar.

7. Please share all of this information with your parents or guardians. After they have read and discussed this with you have them sign it. 
   Parent/Guardian Signature ________________________________

8. Bring this sheet all checked off and your permission slip to room 254 or 255 by April 8th. Our first meeting/practice is Wednesday April 10th. If your sheet is not in you may not practice that day.
EXTRA-CURRICULAR ACTIVITY PARENT PERMISSION SLIP

Coach/Sponsor Name: ________________________________

Activity/Club/Sport: ________________________________

Start Date: _________________________  End Date: _________________________

Parent: Please complete & return this form to the activity coach or teacher.

I, ________________________________, give permission for my child _____________________
(Parent Name)  _____________________________
(Student Name)

My signature shows that I accept general liability for the participation of my child in the activity,
club, or sport identified above. I agree to hold harmless The Barnstable Intermediate School, its
teachers, its coaches, and other participating agents, against any and all claims, injuries,
damages, losses, costs, or causes of action that may arise in connection with this activity, club,
or sport.

If my child is participating in a sport or athletic activity my signature shows that I understand that
each participating student must have a sports physical from a licensed physician on file in the
school office before the first practice of the first sport played each school year. This physical is
valid for all sports played for this school year only.

My signature also evidences that I agree, in the event of a medical emergency, to allow my child
to be treated by medical personnel as outlined in my “Emergency Release Form.”

___________________________________________________________________________  
(Parent Signature)  (Date)

Students must have completed and signed permission slip and sports physical (if applicable)
before they will be permitted to participate in the above activity, club, or sport. Students without
permission slips (and sports physicals, if applicable) will not be allowed to participate. No
exceptions will be made.