

**Lutheran Sports Association of Missouri, Inc.**  
**2016 State CROSS COUNTRY MEET Application**

**TYPEWRITE INFORMATION EXCEPT SIGNATURES; IF NO TYPEWRITER IS AVAILABLE,  
PRINT LEGIBLY IN BLACK INK.**

\_\_\_\_\_ of \_\_\_\_\_, Missouri, hereby applies to  
(School name) (city)  
**participate in The Missouri State LSAM Cross Country Meet.**

We hereby certify that all participants – players and coaches - listed in this application are eligible to participate in the State Cross Country Meet in accordance with its rules and regulations. Our school hereby understands and agrees that entry into the state meet is an authorized school event and that the school accepts any and all liability and responsibility for participation, injury to any participant, loss and /or damage to any property and equipment. The school also hereby waives all liability and responsibility of, and holds harmless, the Lutheran Sports Association of Missouri, Inc., its directors, volunteers, host schools, meet sites and meet officials, for any occurrence of participation, injury to any participant, loss and/or damage to any property and equipment.

School Address: \_\_\_\_\_

Town, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Team Nickname: \_\_\_\_\_

School Colors: \_\_\_\_\_ K-8 Enrollment: \_\_\_\_\_

**Athletic Director:** \_\_\_\_\_ Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_

**Principal:** \_\_\_\_\_ Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town, State, Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_

**STATE CROSS COUNTRY MEET COACHING STAFF**

Head Coach: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_ Town, Zip Code: \_\_\_\_\_

Office Telephone : (\_\_\_\_\_) \_\_\_\_\_ Cellphone: (\_\_\_\_\_) \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Cellphone: (\_\_\_\_\_) \_\_\_\_\_

**Tournament Entry Fee:**

**\$10 per athlete**

**with a maximum school entry fee of \$150.**

**Send \$ in with roster or bring \$ to State CC Meet.**

**Make the check payable to the**

***Lutheran Sports Association of Missouri.***

**Send the Application to:**

**LSAM/Mr. David Schoedel**

**115 South Sixth Street**

**St. Charles, MO 63301**

**OR FAX (636) 946-0166**

***OR E-MAIL: dschoedel@immanuelstcharles.org***

**The TWO(2) PAGE APPLICATION MUST ARRIVE BY Monday, October 3, 2016**

# LSAM STATE *Cross Country* MEET APPLICATION

School: \_\_\_\_\_ Town: \_\_\_\_\_

**Typewrite information except signatures; if no typewriter is available, print legibly in black ink.**

Name of League you belong to: \_\_\_\_\_

## STATE *Cross Country* ROSTER BOYS DIVISION

	Athlete's Name (Printed)	Athlete's Written Signature	Grade	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

## STATE *Cross Country* ROSTER GIRLS DIVISION

	Athlete's Name (Printed)	Athlete's Written Signature	Grade	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

*I agree that all the students listed above have complied with the eligibility rules of their league(s) and/or tournament(s). To participate in the Cross Country Meet, a player must have been a full-time student at the school he/she is representing before September 1 of the given meet year. Without exception, a player must not have reached the age of fifteen (15) prior to the first day of September that precedes the State Meet.*

Principal's Signature: \_\_\_\_\_ Total Number of Athlete's on **BOYS** Roster: \_\_\_\_\_ **GIRLS** Roster: \_\_\_\_\_