

Lutheran Sports Association of Missouri, Inc.
2026 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: (_____) _____ Cell phone: (_____) _____

Assistant Coach: _____ Cell phone: (_____) _____

Tournament Entry Fee:

\$15 per athlete

with a maximum school entry fee of \$200.

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/Mrs. Ruth Rethemeyer

**Camp Trinity, 439 Camp Trinity Drive,
New Haven, MO 63068**

E-MAIL: camptrinity73@yahoo.com

OR submit through the LSAM Website

The TWO(2) PAGE APPLICATION MUST ARRIVE BY Tuesday, September 18, 2026

2026 LSAM STATE *Cross Country* MEET APPLICATION -Continued

Please typewrite information.

School: _____ Town: _____

Name of League you belong to: _____

STATE *Cross Country* ROSTER BOYS DIVISION

	Athlete's Name	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	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 school, league(s) and/or tournament(s). To participate in the Cross Country Meet, a player must be a full-time student at the school he/she is representing by 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.

Total Number of Athlete's on **BOYS** Roster: _____ **GIRLS** Roster: _____

Principal's Signature: _____ Date _____

2026 LSAM STATE 1 MILE FUN RUN *Cross Country* MEET APPLICATION -Continued
Please typewrite information. (\$2 per athlete)

School: _____ Town: _____

Name of League you belong to: _____

STATE 1 MILE FUN RUN *Cross Country* ROSTER BOYS DIVISION

	Athlete's Name	Grade	Birth Date
1			
2			
3			
4			
5			
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7			
8			
9			
10			
11			
12			
13			
14			
15			

STATE 1 MILE FUN RUN *Cross Country* ROSTER GIRLS DIVISION

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

Day of Registrations will be accepted from 8:00 a.m.-9:00 a.m., but we prefer early registration.

Total Number of Athlete's on **BOYS** Roster: _____ **GIRLS** Roster: _____