



## **The Bright School Athletics Form** **Cross Country Fall 2018**

Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/I: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email : \_\_\_\_\_ / \_\_\_\_\_

**Parents:** The parents or guardians are responsible for getting children to and from all practices and meets. The parents or guardians are responsible for informing the head coach/athletic director about any and all health issues and allergies your child may have. The parents or guardians are responsible for any fees associated with sports participation to The Bright School, to the Independent School Conference, and to any additional sport competitions your child enters, i.e. Knoxville Youth Association meets. If the parents or guardians are in agreement please sign the permission form.

**Parental Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Athlete's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Uniform Cost: **\$30**

Uniform Size: YS \_\_\_\_ YM \_\_\_\_ YL \_\_\_\_ Adult S \_\_\_\_ Adult M \_\_\_\_ Adult L \_\_\_\_

No Uniform Needed : \_\_\_\_

Participation Fee : **\$65**

Total Amount Paid: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_