



**ISC Basketball Registration 2019-20
Fifth Grade Boys and Girls**

Student _____

Teacher's Name _____

Parent _____

Parent Email _____

Parent Cell Phone _____

Does it accept text messages? Circle one: Yes No

Who is the first person to contact for the student? If not the same as above,
please provide name and contact information:

All students will receive a uniform. Circle size: YS YM YL AS AM AL

Health Information

Please let us know if your child has a medical condition such as asthma or allergy.
Specify what it is and how it is treated:

**Please make checks payable to Bright School for \$115.
Form and payment due to office by Monday, October 28.**