



TryKidz Basketball Registration 2019-20
Grades 2-4 Boys and Girls

Student _____

Grade _____ 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: YXS 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 \$110.
Form and payment due to office by Monday, October 28.