



The Bright School Athletics **Form Cross Country Fall 2019**

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:** _____

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: _____