

SWITZERLAND POINT MIDDLE SCHOOL
PARENT APPROVAL FORM

PARENT OR GUARDIAN PERMISSION

GRADE LEVEL _____

I _____
PARENT SIGNATURE

HEREBY GIVE MY CONSENT FOR

STUDENT NAME

TO TRY-OUT FOR INTERSCHOLASTIC VOLLEYBALL.

I UNDERSTAND THAT IF THERE IS A PRE-EXISTING HEALTH CONDITION, THE SCHOOL/COUNTY COACHES WILL NOT BE HELD LIABLE. I ALSO UNDERSTAND THAT UPON MAKING THE TEAM, MY CHILD IS REQUIRED TO HAVE A PHYSICAL TURNED IN IMMEDIATELY.

TRY-OUT DATES:

August 25 – 29

GIRLS: 2:00PM – 4:00PM

BOYS: 4:30 – 6:00PM