

SWITZERLAND POINT VOLLEYBALL TRYOUT PERMISSION FORM

GRADE _____ GENDER _____ PHONE # _____

I, _____, hereby give my consent for

Parent/Guardian Name

_____ to participate in Volleyball Tryouts.

Student's Name (**PRINT**)

I understand that if there is a pre-existing health condition, the school/county/coaches will not be held liable. Being a participant in Switzerland Point volleyball tryouts is a privilege and high expectations will be expected from your child. Participants **MUST have** transportation home immediately following. I also understand that upon making the team, my child is required to have a physical exam turned in immediately.

Tryout Dates:

Boys: August 19, 20, & 22

Time: 2:00pm – 3:30pm

Girls: August 19*, 20*, & 22

Time: 3:45pm – 5:45pm

***GIRLS ONLY:** 7th and 8th grade girls on August 19th.

***GIRLS ONLY:** 6th grade girls on August 20

***GIRLS ONLY: ONLY** callbacks will be allowed on August 22.