

**SWITZERLAND POINT MIDDLE SCHOOL  
PARENTAL APPROVAL FORM**

**PARENT OR GUARDIAN PERMISSION**

**GRADE LEVEL \_\_\_\_\_**

I, \_\_\_\_\_, **HEREBY GIVE MY CONSENT FOR**  
**PARENT/GUARDIAN NAME**

\_\_\_\_\_ **TO TRY-OUT FOR INTERSCHOLASTIC**  
**STUDENT NAME**

**BASKETBALL. I UNDERSTAND THAT IF THERE IS A PRE-EXISTING HEALTH  
CONDITION, THE SCHOOL/COUNTY COACHES WILL NOT BE HELD LIABLE.**

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**Try-outs will be held:**

**August 26, 2013 (Boys = Monday) 2:10 – 3:45pm**

**August 27, 2013 (Boys = Tuesday) 2:10 – 3:45pm**

**August 28, 2013 (Boys = Wednesday) 1:10 – 3:45pm**

**August 26, 2013 (Girls=Monday) 4:30 - 6:00pm**

**August 27, 2013 (Girls=Tuesday) 4:30 – 6:00pm**

**August 28, 2013 (Girls=Wednesday) 4:30 – 6:00pm**

**\*\*ALL STUDENTS PARTICIPATING IN TRY-OUTS MUST HAVE A RIDE HOME EACH DAY.  
THERE WILL BE NO ACTIVITY BUS\*\***