

SWITZERLAND POINT MIDDLE SCHOOL PARENTAL APPROVAL FORM

GRADE _____

GENDER _____

Ph. # _____

I, _____
PARENT/GUARDIAN NAME

HEREBY GIVE MY CONSENT FOR

STUDENT NAME (PRINT)

TO TRY-OUT FOR AN INTERSCHOLASTIC
BASKETBALL.

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-outs will be held:

December 2, 3, & 5 2019

2:00 - 4:00pm

BOYS

December 2, 3, & 5, 2019

4:30 - 6:00pm

GIRLS