

## 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:** September 21, 22, & 24

**Time:** 2:00pm – 3:15pm

**Girls:** September 21\*, 22\*, 24\* & 25

**Time:** 3:15pm – 4:45pm

**\*GIRLS: ONLY** 8<sup>th</sup> grade girls on September 21st.

**\*GIRLS: ONLY** 7<sup>th</sup> grade girls on September 22<sup>nd</sup>.

**\*GIRLS: ONLY** 6<sup>th</sup> grade girls on September 24<sup>th</sup>.

**\*GIRLS: ONLY** callbacks will be allowed on September 25<sup>th</sup>.