

SWITZERLAND POINT MIDDLE SCHOOL PARENTAL APPROVAL FORM

GRADE _____

GENDER _____

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

**_____ TO TRY-OUT FOR AN INTERSCHOLASTIC
STUDENT NAME (PRINT) 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 6, 7, & 9, 2021 2:00 - 4:00pm *BOYS*****

December 6, 7, & 9, 2021 4:30 - 6:00pm *GIRLS*****