

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.

Basketball Try-outs will be held:

December 4, 5, 7, TBA 2023 2:00 - 4:00pm *BOYS*****

December 11, 12, 14, TBA 2023 4:30 - 6:00pm *GIRLS*****