

**SWITZERLAND POINT VOLLEYBALL TRYOUT PERMISSION FORM**

GRADE \_\_\_\_\_ GENDER \_\_\_\_\_

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 3 and 6

**Time:** 2:00pm – 3:30pm

**Girls:** September 3 and 6

**Time:** 3:35pm – 6:00pm

**\*September 4 (Girls ONLY)\***

**Time:** 1:00pm – 4:00pm