

SWITZERLAND POINT MIDDLE SCHOOL PARENTAL APPROVAL FORM

GRADE _____

GENDER _____

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

**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.**

Basketball Try-outs will be held:

December 2, 3, 5, 2024 2:00 - 4:00pm *BOYS*****

December 2, 3, 5, 2024 4:30 - 6:00pm *GIRLS*****