

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: August 25, 26 and 28

Time: 2:00pm – 3:30pm

Girls: August 25, 26 and 28

Time: 3:35pm – 6:00pm

AUGUST 27 (Girls ONLY)

Time: 1:00pm – 4:00pm