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 1, 2, 4, 2025	**2:00 - 4:00pm**	*****BOYS *****
December 1, 2, 4, 2025	**4:30 - 6:00pm**	*****GIRLS*****