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 24, 25 **Time:** 2:00 – 3:30pm

Girls:	August 24(M)	6th Grade ONLY	**Time:** 3:30 – 5:30pm
	August 25(T)	7th Grade ONLY	**Time:** 3:30 – 5:30pm
	August 26(W)	8th Grade ONLY	**Time:** 1:00 – 3:00pm
	August 27(TH)	***CALL BACKS ONLY***	**Time:** 2:00 – 4:00pm