

SWITZERLAND POINT VOLLEYBALL TRYOUT PERMISSION FORM

GRADE _____ GENDER _____ PHONE # _____

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 21, 22, & 24

Time: 2:00pm – 3:15pm

Girls: September 21*, 22*, 24* & 25

Time: 3:15pm – 4:45pm

***GIRLS: ONLY** 8th grade girls on September 21st.

***GIRLS: ONLY** 7th grade girls on September 22nd.

***GIRLS: ONLY** 6th grade girls on September 24th.

***GIRLS: ONLY** callbacks will be allowed on September 25th.