

Return form to Ms. Schimel



Curriculum Department Middle School Sports Try-Out Permission Slip

Check Appropriate Box(s)

Basketball Tryout

Volleyball Tryout

Soccer Tryout

I know of, and acknowledge that I and my child/ward, _____, know of the risks involved in any athletic activity, understands that serious injury and even death is possible in such participation, and choose to accept any and all responsibility for his/her safety and welfare while participating in the athletic try-outs.

I am aware of the potential danger of concussions and/or head and neck injuries in athletic activities. With full understanding of the risks involved, I release and hold harmless Alachua County Public Schools and its employees/agents from any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against Alachua County Public Schools or its employees/agents because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school.

Read this form completely and carefully.

You are agreeing to waive legal rights on behalf of your child/ward.

To waive legal rights on behalf of your child/ward, you have the right to refuse to sign this form and Alachua County Public Schools has the right to refuse to let your child/ward participate if form is not signed by parent/legal guardian.

Print Student First and Last Name

Grade of Student

Print Student's Homeroom Teacher

Print Parent/Guardian Name

Signature of Parent/Guardian

Date