**DRIFTWOOD MIDDLE SCHOOL**

**INTEREST MEETING/TRY-OUTS PERMISSION FORM**

**VOLLEYBALL**

Please **READ, SIGN, & RETURN** the letter below. You must bring this signed form to enter the interest meeting.

**I hereby grant my son/daughter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_ ,**

 **(PRINT CHILD’S FIRST AND LAST NAME) (GRADE)**

**permission to participate in Volleyball INTEREST MEETING & TRYOUTS: Meeting: Wednesday, Oct. 11th @ 8:45 AM; Try-outs: For Girls Oct 27th 4:00-6:30 and For Boys Oct 18th 4:00-6:30**

Tryouts will be held in the Gym. Tryouts will end by 6:30 pm. Please have a ride for your child by 6:30 pm, NO LATER. Failure to promptly pick up your child will result in removal from tryouts.

***\*\*A completed and signed physical is now required in order to try out for any sport\*\****

Driftwood Middle School cannot provide transportation or insurance coverage for your child.

However, Healthy Kids Insurance is available from the State of Florida,

[www.healthykids.org](http://www.healthykids.org) – 1-888-540-5437. They offer year-round open enrollment, no waiting.

**Parents please *INITIAL* each individual line below, sign and have your child return this form to the Volleyball coach (Ms. Stewart Girls) (Ms. Gancitano Boys) on the first day of tryouts. \**Students will not be permitted to tryout without this signed form and a completed Physical Form.\****

Students need this sheet ***INITIALED AND SIGNED*** in order to attend tryouts. We will inform your child of specific tryout dates at the meeting and over the morning announcements throughout the week.

\*\*\*Please **INITIAL (not check)** below in front of **EACH** statement:

\_\_\_\_\_\_\_ I will provide transportation for my child promptly at 6:30 pm every afternoon during intramurals.

 **I understand that being more than 15 minutes late may disqualify my child from intramurals.**

\_\_\_\_\_\_\_ I understand that the school/School Board cannot be held liable for any injury liability that might occur.

\_\_\_\_\_\_\_ My child is currently covered either under my insurance or under another insurance policy.

 **(Name of company:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

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**Parent/Guardian Signature Date Phone Number**

STUDENTS: Make sure to bring appropriate shorts, t-shirts and footwear to wear during try-outs.

**Student-athletes must meet minimum G.P.A./conduct requirements as stated by the MSAA.**

**Students not meeting this requirement in the current quarter will not be eligible for the team.**