



Parent Approval Form Basketball Open Gym and Tryouts

I, _____, hereby give my consent for
Parent/Guardian Name

_____ to attend basketball open gym and tryouts.
Student Name

Grade Level

I understand that if there is a pre-existing health condition, the school/county coaches will not be held liable.

**Must be returned to Coach Martel before you are allowed to attend

Optional OPEN GYM BOYS & GIRLS = Nov 12th and 13th from 3:00 – 4:30 pm

*BOYS Tryouts = Nov 18th and 19th from 3:00 – 4:30 pm

MUST ATTEND 1st DAY OF TRYOUTS

*GIRLS Tryouts = Nov 20th and 21st from 3:00 – 4:30 pm

Parent/Guardian Signature

Parent Email



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