



MARK WEST UNION SCHOOL DISTRICT

SAN MIGUEL ELEMENTARY SCHOOL

5350 Faight Road, Santa Rosa, CA 95403
Office (707) 524-2960 ♦ Fax (707) 524-2968
Patrick Eagle, Principal

PERMISSION SLIP FOR BASKETBALL TRY-OUTS

I give my child, _____, permission to participate in try-outs for the San Miguel Boys' Basketball team. Try-outs will be held on Wednesday, December 4, 1:15 – 3:00, and Thursday December 5, from 3:15 - 4:30 in the San Miguel Multi-purpose Room.

I understand that I must pick my child up promptly at the end of each try-out.

I understand that trying out does not automatically result in being chosen for the team.

I have reviewed the following try-out behavior guidelines with my child:

1. Siblings are welcome to try-outs **ONLY** when accompanied by a parent. Unrelated visitors will be asked to leave the Multi-purpose Room
2. Players may not leave the Multi-purpose Room, except with their parents.
3. Players must stay off the stage and out of the kitchen.
4. Parents are responsible for transportation to try-outs and home following try-outs.
5. Status for the team will be jeopardized if the player cannot follow these guidelines during try-outs.

My child's health care provider is:

Kaiser _____

Health Net _____

Blue Cross _____

Other _____

Parent Signature

Date

Emergency Phone Number

Child's Grade / Room #
