



### Athletic Try-Out Permission Slip

My child, \_\_\_\_\_, in grade: \_\_\_\_\_, has permission to try out for the \_\_\_\_\_ team.

Parent/Guardian name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Coaches will notify students and their parents/guardians via email about their team status when try-outs have been completed. Please indicate which email address(es) you would like us to use for the notification.

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Good luck!  
Go Heights!!