



Permission to Try Out for Sports

Date _____

My child, _____, has my permission to try out for sports at Lafayette Middle School. We have read the team policy and will abide by the rules and consequences that have been clearly stated.

Parent / Guardian

Student / Athlete

Birthdate

Grade Level

This form must be signed and returned to the head coach before the student / athlete is allowed to try out.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Parents / Guardian _____

Address _____

CityState _____

Zip _____

Phone _____