

**Litchfield School District**  
**Tryout Permission Slip**  
**ALL TRYOUTS CLOSED TO PARENTS**

**PARENTAL OR LEGAL GUARDIAN CONSENT FORM**

On behalf of myself, my household members, and my minor child, I give my permission for my child \_\_\_\_\_ to participate in a tryout for the Sports Program, realizing that such activity involves the potential for injury, which is inherent in all sports. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with participation in the Sports Program. I acknowledge that my child's participation is wholly voluntary and is not part of any regular school curriculum. I acknowledge that participation in interscholastic athletics requires my child to be in a physical condition necessary to maintain the rigorous physical activity in which they will participate. I specifically assume all risks and hazards associated with my child's participation in the Sports Program and acknowledge that even with coaching, use of protective equipment and appropriate rules in place, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in partial or total disability, paralysis or even death.

I specifically assume all risks and hazards associated with my child's participation in organized interscholastic athletics including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the Sports Program. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, members of my household, and anyone else we may come into contact with.

While instruction and reasonable supervision will be provided, staff cannot ensure my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in the Sports Program. I will notify the school and not send my child to the tryout if my child or anyone in my household tests positive for COVID-19 or if my child develops an illness, or has symptoms of COVID-19, such as fever or chills, coughs, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea. I further certify that I will follow all COVID-19 protocols and procedures adopted by the District or school, including the Arizona Interscholastic Association's Recommended Guidelines for Returning to Athletic Activity (last updated July 26, 2021).

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the District, the District's insurers, the District's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, disability, dismemberment, or death that may occur to my child, me, or my household members as a result of my child's participation in the tryout for the Sports Program or as a result of the COVID-19 pandemic.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members as a result of my child's participation in the Sports Program or as a result of the COVID-19 pandemic.

**Continued on next page**

I acknowledge that I have read and understand this form in its entirety. Additionally, I give permission for my child to attend and participate in the tryout.

Student Athlete Name (Printed): \_\_\_\_\_ Parent/

Guardian Name (Printed): \_\_\_\_\_ Signature of

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

\_\_\_\_\_ Initial if you give your child permission to walk or bike home after tryouts.

\_\_\_\_\_ Initial if you will be picking your child up ***immediately*** after tryouts.

**\*\*\*Please return this signed form to the coach the first day of tryouts.**