



# ENTERPRISE ELEMENTARY SCHOOL DISTRICT

1155 Mistletoe Lane, Redding, CA 96002 • Phone: (530) 224-4100 • FAX: (530) 224-4101 • www.eesd.net

*Empowering every child, every day to create a better world*

## SPORTS TRYOUT PERMISSION SLIP

\_\_\_\_\_, has my permission to try out for and participate in:

### Student's Name

(Check only one sport below.)

- |  |  |
|--|--|
| <input type="checkbox"/> BASEBALL      | <input type="checkbox"/> CHEERLEADING  |
| <input type="checkbox"/> SOCCER        | <input type="checkbox"/> TENNIS        |
| <input type="checkbox"/> VOLLEYBALL    | <input type="checkbox"/> WRESTLING     |
| <input type="checkbox"/> CROSS COUNTRY | <input type="checkbox"/> SOFTBALL      |
| <input type="checkbox"/> TRACK         | <input type="checkbox"/> FLAG FOOTBALL |
| <input type="checkbox"/> BASKETBALL    |  |
| <input type="checkbox"/> OTHER _____   |  |

### FOR COMPETITIVE SPORTS:

- Tryouts are held and cuts may be made.
- Transportation is the responsibility of the parent/guardian.
- A uniform will be issued to my student and I agree to replace it if, for any reason, it is not returned.
- Your signature below indicates you understand the above information and will be responsible for complying with it.

### STATEMENT OF PHYSICAL CONDITION

Student's Grade \_\_\_\_\_

Parent's Name/s \_\_\_\_\_ Home/Cell \_\_\_\_\_ Work phone \_\_\_\_\_

My child has  NO  CERTAIN\* (check one box) physical or health conditions that would limit his/her participation in this sport. We agree to keep the school informed should any condition develop that would create a limitation for this child in this sport.

\* List any conditions, physical disabilities, or allergies: \_\_\_\_\_

**IN CASE OF EMERGENCY**, contact \_\_\_\_\_ at phone # \_\_\_\_\_

OR, I hereby authorize the staff of the Enterprise Elementary School District to secure and sign for emergency medical care for my child, at my expense, when necessary.

I DO NOT WISH TO HAVE EMERGENCY MEDICAL CARE SECURED FOR MY CHILD.

**I have reviewed the general sports information in the HANDBOOK FOR PARENTS, GUARDIANS, and STUDENTS (both available on the school website and in the school office) which includes information about concussions, sudden cardiac arrest, and heat related illnesses and prevention. My signature below grants permission for my child to participate in the sport checked above and represents acknowledgment of, agreement with, and responsibility for the information provided.**

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*