

Mandeville Junior Athletic Tryout Permission Form

Thank you for your interest in trying out for a team in our athletic program! It is very important that you understand the commitment that our athletic program involves. The overall commitment expected from both parents/guardians and students is tremendous. The team can be at its best only if we have your support.



In order for your child to tryout for athletics at Mandeville Junior High, we need your permission as well as the following documents completely filled out –

- Mandeville Junior Athletic Tryout Permission Form
- Physical Exam
- Health Insurance Waiver
- Copy of Insurance Card
- Concussion Statement

NO ONE WILL BE ALLOWED TO TRYOUT UNTIL PROOF OF INSURANCE IS PROVIDED. You must list the information on the waiver **AS WELL AS** provide a copy of the insurance card.

In addition to the above-mentioned requirements, we would like to point out a couple of other matter concerning athletics

- Your child may be involved in interscholastic sports. Competition is between schools with the intent to compete to the best of our ability (as a team). Athletic selection and playing time will be based on skill level and who can best help the team. The coach has the final decision. Understand that this is different from recreational sports.
- Positive parental support as well as transportation from our athletes' families is essential to our success. Due to the game times of certain sports, we cannot get bus transportation and depend on our families to get the athletes to the games in a timely fashion.
- The school team must become a high priority in terms of commitment. Outside clubs, organizations, etc., must be arranged around practices and games for our athletic program. We will do our very best to work around other SCHOOL activities. We understand this is a small school and our students want to be involved in other activities.

If you and your child agree to the following requirements, please sign below.

Parent/Guardian Name PRINTED

Student Name PRINTED

Parent/Guardian Name SIGNED

Student Name SIGNED

Date