



William Land Elementary School
4th/5th/6th Boys and Girls Basketball Try-Outs
Permission Slip
2120 12th Street, 916-395-4890

My child, _____ has my permission to stay after school on **1/20/26 AND 1/21/26** for basketball try-outs with Mr. Dwyer from 3:15-4:15 pm.

Please indicate below what your child will do after try-outs.

_____ My child must return to The Lion's Den after try-outs.

_____ My child may walk home after try-outs.

_____ I will pick up my child from Mr. Dwyer in front of the school after try-outs.

Parent Signature

Parent Printed Name

Parent Email

Phone Number