

**Pacetti Bay Middle School
Parent Approval Form Volleyball Tryouts**

I, _____, hereby give my consent for
Parent/Guardian Name

_____ to attend volleyball tryouts.
Student Name

I understand that if there is a pre-existing health condition, the school/county coaches will not be held liable.

*Must be returned to Volleyball coach before tryouts.

*Forms are due before you are allowed to attend.

(signature)