

**Pacetti Bay Middle School**  
**Parent Approval Form Basketball Tryouts**  
(Please join the Tryout Schoology Group using the following code: W2CW-BHN3-9J5CV)

I, \_\_\_\_\_, hereby give my consent for  
Parent/Guardian Name

\_\_\_\_\_ to attend basketball 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 the day before tryouts to the basketball coach. Forms will not be accepted the day of tryouts.

\*Forms are due before you are allowed to attend.

\_\_\_\_\_  
(signature)

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