



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Sport: \_\_\_\_\_

## MURRIETA VALLEY HIGH SCHOOL

### TRY OUT FORM ATHLETIC DEPARTMENT TRYOUT PLEDGE and ASSUMPTION OF **RISK OF POTENTIAL INJURY**

Dear Candidate:

On behalf of the Athletic Department I would like to wish you the very best during your tryout. Before you tryout, I want to pass along some very important information for you and your parents.

The Athletic Department would like to communicate that we have large number of students that tryout for all sports teams. Success at the club or recreation level (s) does not guarantee you will make our team. Many things, from attitude, taking directions, teamwork, as well as technical skill will be taken into account by our coaches/judges during tryouts.

Secondly, the increase in numbers of students at a large school, such as Murrieta Valley, does not mean the number of uniforms and /or team positions increase. The same number of positions available for a particular sport is the same at a small or large school.

I can assure you that our tryouts will be done with a staff of 3-4 coaches, who will give each candidate the same, fair chance. Each candidate will be graded on all phases of the total game.

As it is commonly know, there is a potential for injury and even serious injury, **disability, or death as a result of participating** in any athletic **activity**. The Administration would like you to be aware of this potential **risk**. We do not require physicals for tryouts, but recommend one. Please sign and have your parent/guardian sign the bottom portion of this letter in acknowledgement that the potential for and risk of injury is always present, even during try-outs.

One last comment, if a candidate is on the academic ineligible list at the time of the tryout, the coach will most likely not allow you to tryout, as the students that have met this requirement will receive the "privilege" of trying out.

Good luck and may your best effort be rewarded. Please sign this form and return it to your coach prior to try outs.

#### **RETURN TO YOUR COACH PRIOR TO TRYOUT PERIOD**

Applicant Name: \_\_\_\_\_ Grade in 2014-2015: \_\_\_\_\_

School attended in 2013-2014: \_\_\_\_\_

Parent signature for permission to tryout: \_\_\_\_\_

I understand the above letter, acknowledge the **risk** of injury **and accordingly agree that the District shall not be held liable for such injuries**, and will try my hardest to do the best that I can. I also understand that not all of the candidates will make this team.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Work Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

**TREATMENT CONSENT:** \_\_\_ YES \_\_\_ NO – In the event of accident or emergency, I (we) give permission for the school authorities to take my (our) child to any available doctor or hospital, or request their services. I (we) grant consent to any and all health providers to provide my (our) child with any necessary medical care as a result of any injury or illness.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_