

VISTA MURRIETA HIGH SCHOOL
ATHLETIC DEPARTMENT

TRYOUT PLEDGE & ASSUMPTION OF RISK OF POTENTIAL INJURY

Dear Candidate,

On behalf of the Bronco Athletic Department, I would like to wish you the very best during your tryout. I would like to share some very important information with you and your parents.

Many team sports must limit the size of their squad to provide time or proper instruction, safety concerns, and supervision. "Cutting" prospective student/athletes is a very difficult, "gut-wrenching" task that coaches must accept as a necessity to benefit the growth of the team as a whole. Being an "all-star" athlete at the youth level does not guarantee selection on a team.

All tryouts will be handled by a staff of 3-4 coaches, who will give each candidate the same, fair chance. Each candidate will give each candidate the same, fair chance. Each candidate will be graded on all phases of the total game.

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

One last item, if a candidate is on the academic ineligible list at the time of tryout, the coach will most likely not allow you to tryout, as the students who 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 the head coach before your tryout.

Yours truly,

Coley Candaele
Athletic Director

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

Student Name _____ Student Signature _____

Parent/Guardian Signature _____

Address _____ Home Telephone _____

Parent Work Phone # _____ Cell Phone # _____

TREATMENT CONSENT: _____ YES _____ NO – In the event of accident or emergency, I (we) give permission for 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 medical care as a result of any injury or illness.

Parent signature: _____ DATE: _____

*****THIS WAIVER IS GOOD FOR 2 DAYS ONLY FROM THE
ABOVE DATE*****