

WEST VALLEY MIDDLE SCHOOL



2017-2018 TRYOUTS

Wednesday April 26th and Thursday April 27th from 3:45 p.m.
-6:00 p.m. in the West Valley Gym

****Please bring a volleyball if you have one.****

Each participant will need to bring a completed KCS physical form, medical/liability release waiver, and tryout form. ***You cannot try out without these forms present and completed.***

You can get forms by contacting me in Room 310, emailing me at Bradley.rausch@knoxschools.org, or call/texting me at 865-256-0276.

***Cuts will be made after each tryout.**

****The Knox County Board of Education and Knox County Schools do not sponsor or endorse this advertisement or solicitation.**

West Valley Wolves Volleyball Tryouts 2017-2018 participant checklist

Tryout information:

- Tryouts for the 2017-2018 West Valley Volleyball Team will be held Wednesday April 26th and Thursday April 27th at WVMS from 3:45-6:00 PM.
- Tryouts will be held in the gym.
- Cuts will be made after each day of tryouts.
- To participate in tryouts, interested players must bring the completed tryout packet to the first day of tryouts.
- **Important note: An additional tryout will not be held in the fall, so all interested girls are encouraged to attend this tryout.**

Packet Checklist:

- Tryout Form
- Medical/Liability Waiver Form
- Completed Knox County Schools Physical Forms- this form may be filled out by your doctor as long as a physical has been performed within the past calendar.

http://www.knoxschools.org/cms/lib7/TN01917079/Centricity/Domain/2714/Knox_County_physical_form.pdf

Team Announcement:

- Our current plan will be to have two teams represent WVMS this year. A varsity and a JV.

Questions:

My email is Bradley.rausch@knoxschools.org My cell number is 865-256-0276

West Valley Wolves Volleyball Tryouts 2017-2018 Tryout Form/Participant Information

Participant name _____

Upcoming grade level _____

Current school _____

Homeroom teacher _____

Home address _____

Father's name _____

Father's email _____

Father's phone _____

Mother's name _____

Mother's email _____

Mother's phone _____

Volleyball position _____

*In addition to this tryout form, I have completed the KCS Physical Forms and hereby give my daughter permission to try out for the West Valley Volleyball Team.

Parent/Guardian

Signature* _____

Date _____

**West Valley Wolves Volleyball Tryouts 2017-2018 Medical Treatment
Authorization and Liability Release**

I/We the undersigned parent/guardian of our child,
_____, do hereby grant permission for the
said child to participate in the activities of the Volleyball Team at West Middle
School. In order that my child may receive the necessary medical treatment in
the event she may sustain injury or illness during participation in the activity, I/we
hereby authorize the volleyball advisor, coach, or other supervising adult to
obtain medical treatment for my child for such injury or illness during the activity.
I/We hereby hold Knox County Schools, West Valley Middle School, West Valley
Volleyball Program and its representatives harmless in the exercise of authority.

I/We also understand that this activity involves risk to the participant. I/We
further acknowledge and understand that due to the nature of this activity, which
involves inversion and rotation of the body, there is a possibility that my/our child
may sustain physical illness or injury (minimal, serious, or catastrophic) in
connection with her participation. I/We further acknowledge and understand
that my/our child is assuming the risk of such physical illness or injury by her
participation. I/We further release Knox County Schools, West Valley Volleyball
Program and its representatives from any claims for personal illness or injury that
my/our child may sustain during participation in this activity.

Parent/Guardian Signature

Date

