

FMS LADY ADMIRALS 2019 VOLLEYBALL TRYOUTS

TRYOUTS IN FMS GYM TUESDAY, AUGUST 6TH ~ 4:00-6:00 PM

Questions? Please contact Mikaela Brock at mikaela.j.brock@gmail.com

***MUST HAVE BOTH OF THE FOLLOWING FORMS
COMPLETED TO TRYOUT:***

***Knox County physical form(PHYSICAL MUST HAVE BEEN
DONE WITHIN CALENDAR YEAR) and tryout form
(ATTACHED TO THIS FORM OR IN OFFICE)***

KROGER CLINIC OFFERS SPORTS PHYSICAL

**To find the Knox County Physical Form go to
knoxschools.org and in the search box type in Physical Form and the first link that
comes up is the correct one.**

**** Players who tried out in the spring DO NOT need another physical form as
long as the date of the physical turned was within 2019 ****

FMS LADY ADMIRALS 2019 VOLLEYBALL TRYOUT FORM

TRYOUT FORM *MUST BE COMPLETED AND SIGNED AND EVERY PLAYER MUST HAVE A DOCTOR SIGNED PHYSICAL FORM (KNOX CO. PHYSICAL FORM, GO TO KNOXSCHOOLS.ORG FOR THIS AND PHYSICAL MUST HAVE BEEN DONE WITHIN THE CALENDAR YEAR OR NOT ACCEPTED) IN ORDER TO ATTEND TRYOUTS*

*******Bring kneepads, water bottle, and positive attitude*******

Please Print

NAME _____

AGE ____ HEIGHT ____ GRADE ENTERING ____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELLPHONE _____

Emergency Contact _____

Phone _____

Emergency Contact _____

Phone _____

PARENTAL CONSENT FORM *I/We, the parent/guardian of the named child, has permission to participate in the Farragut Middle School volleyball tryouts, in any and all of the activities of the volleyball tryouts. I/We accept full responsibility in case of accident or injury to my child.*

MEDICAL WAIVER *In case of injury to my child, I/We waive all claims against the organizer, coaches or Supervisor appointed by the organizer. I/We likewise waive, to extent not covered by liability insurance, any claims against persons working during these volleyball tryouts. I/We certify that my child is medically cleared to attend volleyball tryouts and give permission for medical treatment for injury, if any, during tryouts.*

Parent/Guardian Printed

Name _____

Parent/Guardian Signature _____