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West Valley Wolves Volleyball Tryouts 2019-2020 participant checklist

Tryout information:

- Tryouts for the 2019-2020 West Valley Volleyball Team will be held Thursday April 25th and Tuesday April 30th at WVMS from 3:45-5:30 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.

Questions:

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

West Valley Wolves Volleyball Tryouts 2018-2019 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 2018-2019 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