



## 2022 MONTFORD GIRLS BASKETBALL TRYOUTS:



October 5<sup>th</sup> 4-6pm

October 6<sup>th</sup> 4-6pm

October 7<sup>th</sup> 4-6pm

### Conditions of Participation

To be eligible for participation all students must:

- 1) Have a completed Activity Participation Form on file
- 2) Have documentation of a current physical on file (physicals are good for 1 year after the date of the exam)
- 3) Have a completed HIPPA Form on file
- 4) Maintain a 2.0 grade point average
- 5) Maintain satisfactory citizenship in all classes
- 6) At the time specified by the coach, have transportation to/from all activities
- 7) Attend all scheduled games and practices on time (except when excused by the coach)
- 8) Act responsible and represent the school in a positive manner  
*\*\*\*\*Any violation of the conditions of participation may result in dismissal from the team*

**I have read and understand the conditions of participation** Yes \_\_\_\_\_ No \_\_\_\_\_

Student Name (first & last) \_\_\_\_\_ Date of Birth mo/day/year) \_\_\_/\_\_\_/\_\_\_

Grade Level: \_\_\_\_\_

1. Do you have a current physical on file with the school, if so what is the date of the physical? Yes \_\_\_\_\_ No \_\_\_\_\_  
(mm/dd/yr) \_\_\_/\_\_\_/\_\_\_
2. Do you have a "2022-23 "Activity Participation Form" on file? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have a **2022-2023 Health Insurance Portability and Accountability Act ("HIPPA)/Student-Athlete Authorization for Disclosure of Protected Health Information** on file? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Did you submit a copy of your current grades with your permission slip? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*\*\*All documentation must be completed before participating in the activity**

#### PARENT CONSENT:

I give permission for my child (named above) to participate. I agree with the above conditions, and understand that any violation of the above conditions may result in the student's dismissal from the team.

\_\_\_\_\_  
Parent/Guardian-Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone # (best way to contact)

\_\_\_\_\_  
Parent/Guardian-Signature

**\*\*\*\*THIS FORM MUST BE SIGNED SUBMITTED TO COACH SCOTT BEFORE ATTENDING Tryouts**

**Complete and return to Coach Scott or email to**  
**mmsathletics@leonschools.net**