



ROCKWAY MIDDLE SCHOOL ATHLETE TRY-OUT FORM

STUDENT LAST NAME: _____

STUDENT ID#: _____

STUDENT FIRST NAME: _____

STUDENT GRADE: _____

I GIVE MY CHILD PERMISSION TO TRY OUT FOR:

(SPORT – SOFTBALL, VOLLEYBALL, ETC.)

THE PRACTICE DATES AND TIMES WILL VARY. TRYING OUT DOES NOT GUARANTEE YOU A FINAL PLACE ON THE ROSTER FOR COMPETITIONS. ROCKWAY MIDDLE SCHOOL IS NOT RESPONSIBLE AND/OR LIABLE FOR ANY INJURIES THAT MAY OCCUR DURING THE TRY-OUT PERIOD.

**BY SIGNING BELOW, I AGREE TO ALL THE TERMS FOR TRY-OUTS
FOR ANY SPORT AT ROCKWAY MIDDLE SCHOOL.**

PRINT PARENT NAME:

TODAY'S DATE: _____

PARENT CELLPHONE: _____

MEDICAL CONCERS:

PRINT SIGNATURE:

THIS FORM NEEDS TO BE RETURNED TO YOUR
COACH ON THE DAY OF
TRY-OUTS. YOU WILL NOT BE ALLOWED TO TRY-
OUT IF YOU DO NOT BRING THE FORM CORRECTLY
COMPLETED!
