

**Freedom High School Volleyball Team \_\_\_\_\_(year)**

**Tryout and Result Agreement**

Team Level: \_\_\_\_\_

Student ID# \_\_\_\_\_

Student Athlete Full Name: \_\_\_\_\_

TRYOUT AGREEMENT I/we have read the guidelines for Girls Volleyball tryouts and have discussed it's implications with my/our student athlete. I/we consent to having our student athlete tryout for the volleyball team and to meet all tryout requirements. I/we have reviewed our student's academic performance and the required time commitment for the FHS volleyball program. I/we believe that my/our student athlete would be able to participate and still successfully achieve a satisfactory GPA. My/our student has no health problems or physical limitations that would be aggravated or make him/her unable to participate in all volleyball requirements and activities, including but not limited to: diving, jumping, running, and conditioning.

RESULTS AGREEMENT I/we understand and accept the tryout process and it's requirements for the Freedom High School Volleyball Team. I/we have discussed the tryout process and it's implications with my/our student and I have prepared my/our student for any and all team placement decisions. I/we accept that all decisions of placement and acceptance on the FHS Volleyball Team are final. I/we accept that all decisions of acceptance, team size, and individual team placement made by the Freedom High School Volleyball Coaches are final.

Student-Athletes Name: \_\_\_\_\_

Student-Athlete Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*Please only sign and return this last page to Coach Liz*