

**VALLEY RIDGE ACADEMY
PARENTAL APPROVAL FORM**

PARENT OR GUARDIAN PERMISSION

GRADELEVEL_____ GENDER_____

**I, _____, HEREBY GIVE MY CONSENT FOR
PARENT/GUARDIAN NAME**

**_____ TO TRY-OUT FOR AN INTERSCHOLASTIC
STUDENT NAME (PRINT)**

**SPORT: _____
(List the Sport)**

**I UNDERSTAND THAT IF THERE IS A PRE-EXISTING HEALTH CONDITION, THE SCHOOL/COUNTY COACHES
WILL NOT BE HELD LIABLE. I ALSO UNDERSTAND THAT UPON MAKING THE TEAM, MY CHILD IS REQUIRED
TO HAVE A PHYSICAL TURNED IN IMMEDIATELY.**