

**CAMARENA BASKETBALL TEAM TRYOUTS
PERMISSION FORM**

Dear Parents / Guardians:

Arrangements have been made for 4th-6th grade students at Camarena Elementary School to participate in basketball tryouts for our school's basketball team on **Wednesday, January 25 from 3:00 to 4:30 PM on our blacktop basketball courts.**

YOUR CHILD MUST RETURN THE PERMISSION SLIP BELOW IN ORDER TO PARTICIPATE.

**CHULA VISTA ELEMENTARY SCHOOL DISTRICT
VOLUNTARY STUDY TRIP AND MEDICAL AUTHORIZATION**

_____ has my permission to participate in tryouts scheduled for

Child's Name

Wednesday, January 25 from 3:00 to 4:30 PM by Camarena 4th-6th Grade Students.

Date of trip

In the event of illness or injury, I authorize and consent to any x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist. I understand this may result in expense to me.

California Education Code Section 35330 provides that "all persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

I fully understand that students are to abide by all rules and regulations governing conduct during the study trip. I understand that should my child disobey these rules and regulations, I may be contacted to have my child returned home at my expense.

Parent/Guardian Signature

Date

Address

Daytime Phone Number

City, State, Zip

Email

If your child has a special medical problem pertinent to tryouts, please describe below:

RETURN THIS PORTION TO THE BASKETBALL COACH ON THE DAY OF TRYOUTS