



R.A. Jones Middle School

JV and Varsity Volleyball Tryouts

Mandatory Tryouts

June 12, 13, & 14

9 a.m.—11 a.m.

Parent consent form and medical form must be filled out in order to tryout.

****If you are on vacation during tryout time please make arrangements to tryout before****

*****NO practice June 25-July 9th*****

Any questions see Ms.McGlone erin.mcglone@boone.kyschools.us or

Ms. McIntosh Meghan.McIntosh@boone.kyschools.us

**BOONE COUNTY SCHOOLS
ATHLETIC TRYOUT/OPEN GYM
PARENT CONSENT FORM**

The undersigned, parent(s) or legal guardian for _____,
hereby consent to said child participating in the open gym or tryout phase of the athletic
program under the sanctions of the Boone County Board of Education.

The undersigned affirms the said child has no known physical handicaps or
illnesses which might cause disability during athletic participation except the following:

The undersigned further acknowledges in the event said child shall be a member
of any athletic team they shall, prior to the first tryout date, provide the Board of
Education with a report of medical examination on a form to be provided by the Board of
Education.

Dated the _____ day of _____, 20_____.

Parent/Legal Guardian Signature

Sport _____

Grade _____

EVIDENCE OF INSURANCE COVERAGE

Student _____

School _____

Sport _____

I do certify by my signature below that the above named student is Covered by hospital/medical insurance, as required by the Boone County Board of Education Board Policy 9.312.

Name of Insurance Company _____

Address _____

Phone _____

If this coverage is provided through your employer, please print place of employment:

I authorize the Board of Education to verify this coverage and I release my insurance company and/or employer to disclose all information requested by the Board to verify coverage.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Please check your relationship to student: Parent _____ Guardian _____