



GREAT OAK HIGH SCHOOL
ATHLETIC DEPARTMENT



TRYOUT PLEDGE & ASSUMPTION OF RISK OF POTENTIAL INJURY

Dear Candidate,

On behalf of the Great Oak Athletic Department, I would like to wish you the very best during your tryout. I would like to share some very important information with you and your parents.

Many team sports must limit the size of their squad to provide time or proper instruction, safety concerns, and supervision. "Cutting" prospective student/athletes is a very difficult, "gut-wrenching" task that coaches must accept as a necessity to benefit the growth of the team as a whole. Being an "all-star" athlete at the youth level does not guarantee selection on a team.

All tryouts will be handled by the coaching staff, who will give each candidate the same, fair chance.

As it is commonly known, there is a potential for injury and even serious injury, disability, or death as a result of participating in any athletic activity. The TVUSD and GOHS administrations would like you to be aware of this potential risk. We do not require physicals for try-outs, but recommend one. Please sign the bottom portion of this letter along with your parent/guardian in acknowledgment that the potential for, and risk of injury is always present, even during try-outs. You will not be permitted to tryout without this form on file.

Good luck and may your best effort be rewarded. Please sign this form and return it to the head coach before your tryout.

Yours truly,

Herschel Ramirez,
Assistant Principal, Athletics

I understand the above letter, and will hereby agree to indemnify, defend, save and hold harmless the Temecula Valley Unified School District, Great Oak High School, its' officers, agents, servants and employees of and from all liability, claims, workers' compensation claims, demands, debts, suits, actions and causes of action, including wrongful death, personal injury, personal property and reasonable attorney fees for the defense thereof, arising out of or in any manner connected with the participation, performance or any act or deed under or pursuant to the terms and provisions of this agreement by such indemnifying party or its officers, agents, servants and employees. I also understand that not all of the candidates trying out will make the team.

Student Name _____ Student Signature _____

Parent/Guardian Signature _____

Address _____

Parent Cell Phone: _____ Emergency Cell Phone # _____

TREATMENT CONSENT: _____ YES _____ NO - In the event of accident or emergency, I (we) give permission for school authorities to take my (our) child to any available doctor or hospital, or request their services. I (we) grant consent to any and all health providers to provide my (our) child with any medical care as a result of any injury or illness.

Parent signature: _____ DATE: _____

THIS WAIVER IS GOOD FOR 7 DAYS ONLY FROM THE FIRST DATE OF THE TRY-OUT PERIOD