

**PITTSBURGH PUBLIC SCHOOLS  
INTERSCHOLASTIC ATHLETICS**

**ATHLETIC TEAM TRYOUT RELEASE FORM  
FALL SPORT – MIDDLE GRADES**

Students Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Sport \_\_\_\_\_

I give permission for my child, \_\_\_\_\_ to participate in a tryout in the sport of \_\_\_\_\_ for the \_\_\_\_\_ (year) fall sports season.

I understand that in signing this release I acknowledge that my son/daughter does not have any existing condition and is physically able to perform physical activity during the tryout.

Furthermore, I understand that in the event that my son/daughter does secure a roster spot on the team that the District will require a comprehensive physical and medical release which is required for further participation. I agree to cooperate in securing any such examination and release(s)

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_