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



## McMillin Soccer Team Tryouts Parent Permission Form



Dear Parents/Guardians,

Arrangements have been made for 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> grade McMillin students to tryout for the Varsity Coed Soccer Team on Thursday, Jan. 22 from 3:00-4:00 PM, and Friday, Jan. 23 from 1:30 to 2:30 PM on McMillin's grass field.

Games will be played on Thursdays from February through May at 4 pm. Practices will be on Wednesday from 3:00 to 4:00 pm.

Additional information: Head Coach – Mr. Rob Advisor – Mr. Chumble	
CUT ALONG DOTTED LINE AND RETURN THIS PORTION	
Child's Name TRYOUTS scheduled on <b>Thursday, Jan. 22 from</b> 3	has my permission to participate in soccer 3:00-4:00 PM and Friday, Jan. 23 from 1:30 to
2:30 PM on McMillin's grass field.	
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 this study trip, please describe below: