

**YOU MUST BRING THE LAST 2 SHEETS WITH YOU TO TRYOUTS ALONG WITH A COPY OF YOUR PHYSICAL.**

**YOU MAY ALSO EMAIL THEM TO COACH BUCK AT [rbuck@hinds.k12.ms.us](mailto:rbuck@hinds.k12.ms.us)**

**Scan the code OR click the link below to fill out the google form below BEFORE you come to tryouts. If your name is not submitted on the google form, you WILL NOT be admitted to tryouts.**



**Scan**  **OR Click** 

**<https://forms.gle/R9FmGSxJjBQdf9x88>**



**May 3 & 4, 2022**  
**4:30-6:00pm**  
**Terry High Gym**



**Tryout Guidelines**

1. All interested tryout participants must meet the academic requirements for sports participation set forth by the Mississippi High School Athletic Association (MHSAA). **You must be passing all classes with an overall 70 average. This will be checked before the list of selected girls is posted.**
2. **YOU MUST BRING A COPY OF YOUR MOST CURRENT PHYSICAL** in order to tryout. **(Physical must be dated within the last year – example: May 5, 2021)**
3. You will not be able to tryout without a signed parental consent form, which is attached to this sheet.
4. Make sure that you have a ride each day upon completion of tryouts.
5. Bring the proper medication if needed. (asthma pump, eye drops, etc.)
6. Have on proper attire for playing basketball upon entry to the court. (socks, gym shoes, shorts, & t-shirt) **No cut-off t-shirts, halter tops, or spandex shorts unless they are worn under your shorts as tights.**
7. No jewelry of any kind of should be worn during tryouts. Make sure you remove any and all jewelry. This includes rubber bands/bracelets. (newly pierced ears must have tape or a band-aid over it)
8. Bring your own bottle of water, Gatorade, Powerade, etc.
9. For more information, please do not hesitate to contact Coach Buck at Terry High, 601-878-5905 or by email at [rbuck@hinds.k12.ms.us](mailto:rbuck@hinds.k12.ms.us).

Scan



OR Click

<https://forms.gle/PqfjX8bE9Z3DMfje8>

**2022-2023 STUDENT PARTICIPATION CLEARANCE FORM**

I hereby give consent for my child, \_\_\_\_\_, to participate in the **Hinds County** School District's athletic and activities programs during the **2022-2023** school year. I agree to abide by the rules and regulations of my school district and its governing body, the Mississippi High School Activities Association.

I hereby authorize and give permission for emergency medical treatment to be rendered for and on behalf of my child, \_\_\_\_\_, for any injury received while participating in any supervised school activity. This authorization includes, but is not limited to, any treatment deemed necessary by certified personnel, physicians, hospital emergency room physicians and hospitals.

I hereby release the **Hinds County** School District and all school personnel for any and all liability associated with such necessary treatment.

I hereby acknowledge that health and accident insurance is recommended for participation in all organized sports and activities and further certify that my child is covered under the health and accident program listed below.

School day insurance: \_\_\_\_\_ Other insurance: \_\_\_\_\_

Policy # \_\_\_\_\_ Policy # \_\_\_\_\_

In addition, I assume any expenses for liability not covered by the insurance policy above for injury received by the above named student while participating in sports and school activities. I accept full responsibility for medical and hospital expenses and any other related expenses and do hereby hold harmless the **Hinds County** School District and the Board of Trustees, their agents or assignees, of responsibility for any such injury or expenses and waive any and all claims which may arise against them. I realize that participation in organized sports and activities involves the potential for injury, sometimes severe enough to result in total disability, paralysis, or death.

I give the Mississippi High School Activities Association and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes. In addition, I consent to the disclosure, by my child's/ward's school, to the MHSAA, upon its request, of all records relevant to his/her eligibility and participation including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, residence and physical fitness.

The Student Participation Clearance Form is required for all students to participate in MHSAA athletic and activity programs.

Parent/ Legal Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Cell # \_\_\_\_\_ Date \_\_\_\_\_ (valid 365 from this date)

**Assumption of the Risk and Waiver of Liability Relating to  
Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is very contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments have, in many locations, prohibited the congregation of groups of people.

The Hinds County School District has put in place preventative measures to reduce the spread of COVID-19; however, Hinds County School District cannot guarantee your child will not become infected with COVID-19. Further, attending Hinds County School District athletics/activities workouts or practices could increase your child's risk of contracting COVID-19.

I affirm that my child has not been diagnosed with, demonstrated any symptoms of or has in any way been exposed to any communicable diseases (including but not limited to the virus COVID-19) within the past thirty (30) days.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child may be exposed to or infected by COVID-19 by attending Hinds County School District athletic/activities workouts or practices and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of my child becoming exposed to or infected by COVID-19 at any Hinds County School District athletic/activity workout or practice may result from the actions, omissions, or negligence of myself, my child, and others, including, but not limited to, Hinds County School District employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense, of any kind, that my child may experience or incur in connection with my child's attendance in any Hinds County School District athletic/activities workout or practice. On my behalf, and on behalf of my child, I hereby release, covenant not to sue, discharge, and hold harmless Hinds County School District, its employees, agents, and representatives, of and from the Claims, including all liabilities, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Hinds County School District, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Hinds County School District athletic/activity workout or practice.

Printed Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_