



KIRBY SCHOOL DISTRICT 140

## 6/7<sup>th</sup> Grade Boys' Basketball Tryout Permission Form

TRYOUTS - MONDAY DEC. 11<sup>th</sup> (6<sup>th</sup> Grade Only) from 3:15-5pm. MONDAY DEC. 11<sup>th</sup> (7<sup>th</sup> grade only) from 5pm-6:45pm. Invite only for WEDNESDAY Dec 13<sup>th</sup> 6<sup>th</sup> & 7<sup>th</sup> grade from 3:15-5:15 pm. Players will be informed Tuesday if they are invited back for Wednesday tryout.

An assessment of skills of each participant, including overall ability, passing, shooting, dribbling and knowledge of the game, will be made during tryouts. Player assessment will be based on skills to fill **specific** positions, **academics** and **behavior** in school. In addition, any student who does not make the team has the opportunity to meet with me to discuss my decision. **It is the student's responsibility to have this conversation if they choose to do so.** This is a school sport and playing time is determined by the coach. The coach will make the final decision.

All participants of the basketball team are required to have a sports physical form on file in the school office by January 5th. This form will be valid for all sports participated in over the course of the 2023-2024 school year. **In addition, the following permission slip must be signed and handed in directly to Coach Fiore (PE Office) any time before WEDNESDAY, December 6th.**

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**Return this portion to Coach Fiore (PE Office)**

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

Emergency Phone # \_\_\_\_\_

Medical Concerns? \_\_\_\_\_

Previous basketball experience (teams) \_\_\_\_\_

Student School Email Address: \_\_\_\_\_

\*\*Parent signature for permission to try-out for basketball

\_\_\_\_\_



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KIRBY SCHOOL DISTRICT 140

## 8<sup>th</sup> Grade Boys' Basketball Tryout Permission Form

TRYOUTS - MONDAY DEC. 11<sup>th</sup> from 7:15-8:35 AM. TUESDAY DEC. 12<sup>th</sup> from 7:15-8:35 AM. Final Tryout will be WEDNESDAY Dec 13<sup>th</sup> from 5:15-7:00PM.  
Players will be informed each day if they made it to the next day of tryout.

An assessment of skills of each participant, including overall ability, passing, shooting, dribbling and knowledge of the game, will be made during tryouts. Player assessment will be based on skills to fill **specific** positions, **academics** and **behavior** in school. In addition, any student who does not make the team has the opportunity to meet with me to discuss my decision. **It is the student's responsibility to have this conversation if they choose to do so.** This is a school sport and playing time is determined by the coach. The coach will make the final decision.

All participants of the basketball team are required to have a sports physical form on file in the school office by January 5th. This form will be valid for all sports participated in over the course of the 2023-2024 school year. **In addition, the following permission slip must be signed and handed in directly to Coach Fiore (PE Office) any time before WEDNESDAY, December 6th.**

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**Return this portion to Coach Fiore (PE Office)**

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

Emergency Phone # \_\_\_\_\_

Medical Concerns? \_\_\_\_\_

Previous basketball experience (teams) \_\_\_\_\_

Student School Email Address: \_\_\_\_\_

**\*\*Parent signature for permission to try-out for basketball**

\_\_\_\_\_

# 2023-2024 Grissom Cheer/Dance Team

## Information and Permission Form

### Tryouts:

- A **mandatory clinic** will be held **Monday, December 11th** to learn the tryout cheers and dance routine. The clinic will be after school in the commons until 5:30 pm.
- **Tryouts** for all grades will be after school on **Tuesday, December 12th**. Location TBD. Once your tryout is complete, you are free to go home. **Please have a ride pre-arranged**. Bus riders can take the 4:00 activity bus home. **All participants must wear their Grissom gym suit, gym shoes, wear their hair in a ponytail, and have no jewelry.**
- A **mandatory parent meeting** for students who make the team will be held on **Wednesday, December 13th** at 5:00 pm in the Media Center.

### Games:

Any student interested in trying out must remember that 100% commitment and participation is required to be part of the team. *Team members must be available everyday after school for practice and must be in attendance for every home boys' basketball game.* The Cheer/Dance team performs at both the 6/7th grade and 8th grade halftimes. If your child is involved in any competitive Cheer and/or Dance Team, or any other team outside of Grissom that may pose a conflict, please reconsider your child's tryout, as our team must be a priority. Home Boys' Basketball Games are as follows:

Thursday, January 18th  
Monday, January 22nd  
Tuesday, January 30th  
Monday, February 5th

Thursday, February 8th  
Tuesday, February 20th  
Thursday, February 22nd  
Monday, February 26th

### Practices:

Practices are held after school Monday through Thursday, except on game days or school holidays. **Students must maintain ACADEMIC ELIGIBILITY and have a current ATHLETIC PHYSICAL on file by FRIDAY, JANUARY 12TH in order to cheer/perform.**

### How do I try out for the team?

**Fill out the attached SWIC permission form and return the form to the office or Coach Palmer (room 220/224/226/227) by Friday, December 8th. Only those who have turned in the permission form will be permitted to try out for the team. Please see or email**

**Mrs. Palmer with any questions.**

**Good luck!**

~ Coaches O'Brien [tobrien@ksd140.org](mailto:tobrien@ksd140.org) and Palmer [kpalmer@ksd140.org](mailto:kpalmer@ksd140.org)

\* Return to Mrs. Palmer  
Room 220/224/226/227 or  
Main Office

PERMISSION AND CONSENT TO PARTICIPATE IN INTRAMURAL or SWIC PROGRAM

\*Please note: A Sports Physical is required before participation in SWIC (Southwest Interscholastic Conference) ONLY.

Sports Physical Required:  YES – SWIC Participant  NO – Intramurals Only

Sport Activity: \_\_\_\_\_ School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work/Cell: \_\_\_\_\_ Father's Work/Cell: \_\_\_\_\_

Allergies: \_\_\_\_\_ EPI-Pen: YES/NO

Medical History: \_\_\_\_\_

Asthma: NO \_\_\_ YES \_\_\_ Inhaler Use: Frequent \_\_\_ Rare \_\_\_ With Exercise \_\_\_\_\_

Medications Prescribed: \_\_\_\_\_

Surgical History: \_\_\_\_\_

An emergency contact is someone other than yourself who is able to pick up your child in the event of an illness or injury.

Emergency Contact Information: \_\_\_\_\_  
Name Phone

Emergency Contact Information: \_\_\_\_\_  
Name Phone

I hereby give my consent for the above-named student to participate in the above-named intramural or athletic activity.

To my knowledge, my child is in good physical condition and there is no medical reason to limit or prohibit my child's participation in the above-named activities. I understand that if my child is participating in a SWIC athletic sport that a sports physical is required before participation.

I understand that my child must either carry student insurance or I must accept the financial responsibility for any and all injuries for said child arising out of any such accident either out of pocket or through private medical and hospitalization insurance which I may have covering such injuries to my child. I further understand and agree that Kirby School District 140n does not provide medical insurance for students nor will the School District pay for any medical treatment or transportation to a medical facility that may be required due to any injury arising from my child's participation.

I agree to be responsible for the above-named pupil. I do hereby hold Kirby School District 140, its officers, agents, and employees, harmless for any injury or accident that may occur as a result of my child's participation in any approved intramural or athletic activity.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE PERMISSION FORM

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Guardian



KIRBY SCHOOL DISTRICT 140

**6/7<sup>TH</sup> GIRLS VOLLEYBALL TRYOUT FORM**

**TRYOUTS FOR 6TH GRADE ONLY-MONDAY, DECEMBER 11th from 715-830am and TUESDAY, DECEMBER 12th from 320-445pm.**

**TRYOUTS FROM 7TH GRADE ONLY-TUESDAY, DECEMBER 12th from 715-830am and WEDNESDAY, DECEMBER 13th from 320-445pm.**

The evaluation process and team membership will be determined by the head coach. The players will be evaluated on their passing, serving, hitting ability, and overall knowledge of the game. All participants that make the team must have a physical form on file in the school office by Friday, January 12<sup>th</sup>.

**Please fill out and return this form to Coach Chicvara by Friday, December 8<sup>th</sup>.**

Thank you and good luck!

Coach Chicvara

6/7th Grade Girls Volleyball Coach

[gchicvara@ksd140.org](mailto:gchicvara@ksd140.org)

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**PLEASE RETURN BELOW INFORMATION TO COACH CHICVARA**

NAME-\_\_\_\_\_ GRADE-\_\_\_\_\_

PLAYING EXPERIENCE

(VOLLEYBALL)-\_\_\_\_\_

POSITION(S) INTERESTED IN-\_\_\_\_\_

ANY MEDICAL CONCERNS (PLEASE COMMENT IN  
DETAIL)-\_\_\_\_\_

PARENT SIGNATURE FOR PERMISSION TO TRYOUT FOR VOLLEYBALL

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KIRBY SCHOOL DISTRICT 140

**8<sup>TH</sup> GIRLS VOLLEYBALL TRYOUT FORM**

**The tryouts for girls volleyball will be held on Monday, December 11<sup>th</sup> after school from 3:20-5:00 PM.** PLAYERS WILL BE INFORMED IF THEY MAKE THE NEXT ROUND OF TRYOUTS ON THE 11th. **The second and final day of tryouts will be held on Tuesday, December 12<sup>th</sup> after school from 3:20-5:00 PM.** The evaluation process and team membership will be determined by the head coach. The players will be evaluated on their passing, serving, hitting ability, and overall knowledge of the game. All participants that make the team must have a physical form on file in the school office by Friday, January 12<sup>th</sup>.

**Please fill out and return this form to Coach Chicvara by Friday, December 8<sup>th</sup>.**

Thank you and good luck!

Coach Bobber

8<sup>th</sup> Grade Girls Volleyball Coach

abobber@ksd140.org

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**PLEASE RETURN BELOW INFORMATION TO COACH CHICVARA**

NAME-\_\_\_\_\_GRADE-\_\_\_\_\_

PLAYING EXPERIENCE

(VOLLEYBALL)-\_\_\_\_\_

POSITION(S) INTERESTED IN-\_\_\_\_\_

ANY MEDICAL CONCERNS (PLEASE COMMENT IN  
DETAIL)-\_\_\_\_\_

PARENT SIGNATURE FOR PERMISSION TO TRYOUT FOR VOLLEYBALL

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