## **HWDSB TRY OUT LETTER**

Dear Parent/ Guardian		
Your child has expressed an interest in	trying out for the following	į:
School:	<u>—</u>	
Activity:		
The tryout schedule is as follows:		
First Tryout: Date:	Time:	Location:
Second Tryout Date:	Time:	Location:
Final Tryout Date:	Time:	Location:
Risk of Injury:		
<ul> <li>The HWDSB's Concussion Dire obtained from the student's so</li> <li>Elementary: http://w</li> <li>Secondary: http://w</li> <li>It is essential for the student's</li> </ul>	g concussion*), neck injurective and its Protocol on school or may be found or www.hwdsb.on.ca/elemerww.hwdsb.on.ca/secondas safety that any injury th	concussions for elementary and secondary students can be nline at: ntary/supports/prevention/
<ul> <li>The risk of injury may be redumaintaining a level of fitness</li> </ul>		ng by: applicable rules; carefully following instructions and
	n insurance, you may pur	ility, dismemberment or medical expense insurance on behalf of chase coverage through Insure My Kids at 1-800-463-KIDS (5437) or
	-	a medical emergency and understand that the contact soon as reasonably possible.
Transportation to the tryout (offsite on required to cover the cost of the facility		the parents and the cost to each student is <insert cost=""> which is</insert>
Should your child be successful in mak	ing the team more informa	ation will be shared.
Student Name:		Date:
Parent/ Guardian Name:		Parent/Guardian Signature:

Parent/Guardian Signature: