

TRYOUT PERMISSION FROM FALL COACH

As an athlete on FHE's _____ team in Fall of 2025,

I am requesting an exemption in order to attend FHE Swimming tryouts from

1:30-3:00 on the following TWO days during the week of October 20-23, 2025.

DAY and DATE

Athlete's Name

Athlete's Signature

Parent's Name

Parent's Signature

Permission Granted Denied

Coach's Name

Coach's Signature