## REQUEST TO ATTEND A TRYOUT/SHOWCASE/CLINIC/TOURNAMENT DURING THE SEASON

I	am seeking permission to attend a clinic/showcase during my
	season.
This event is:	
SPONSORED BY	7:
DATE OF EVEN	Γ:
LOCATION:	
	Γ:
<b>TRY OUTS/SHO</b> Participation as ar or clinic in the sar	that I may not attend this event unless the following CIAC criteria have been met:  OWCASES/CLINICS  individual or as member on non-school sponsored team in a sports competition, practice, showcase, try-out, camp me branch of athletics during the authorized contest season will render the athlete ineligible for all interscholastic
	e athlete is reinstated by the CIAC Board of Control. (Season is defined as the date of the first contest for that school ith either the CIAC final tournament game of the New England Championships.)
<b>Exception:</b>	
☐ Participation in	Olympic /Pan American Games/try-outs. one national governing body (NGB) sponsored national tournament of international competition (sports not International Olympics Committees).
☐ Participation in participate in work	a college audition. (Audition – when a student-athlete is invited by the college coach to visit the campus and kouts individually or with team members to assess their skills prior to admission.)
☐ Participation in non-school teams.	clinics offered by a college. (Skill development programs that are not used to assess talent or used as a try-out for )
☐ Participation in	clinics offered by CIAC offered by CIAC member schools or other state association member schools other clinics approved by the school and that are designed to enhance skill development and not used as a try-out of ection to a non-school team.
	nditions must be met as part of the exceptions:
	limited to two (2) events per season;
	mited to one (1) day in duration; hool principal must grant permission if there is any loss of school time;
☐ The member sc	hool coach determines the event does not interfere with any functions of the in-season school program; t is given by the school administration and athletic department prior to the student attending such activities.
Print Name of A	thlete Signature of Athlete
Print Name of P	arent Signature of Parent
DATE OF REQ	UEST:
Coach Signature	Principal Signature