



HAMDEN HIGH SCHOOL

DEPARTMENT OF HEALTH AND PHYSICAL EDUCATION

INTRAMURALS PERMISSION FORM

STUDENT NAME: _____

DATE OF BIRTH: _____

PARENT/GUARDIAN: _____

PHONE #: HOME _____ **WORK** _____ **CELL** _____

EMERGENCY CONTACT: _____

PHONE #: HOME _____ **WORK** _____ **CELL** _____

MY SON/DAUGHTER _____ **HAS PERMISSION TO PARTICIPATE IN INTRAMURALS WEIGHT TRAINING/FITNESS.**

DATE: _____

PARENTS/GUARDIANS SIGNATURE: _____