

HAMDEN PUBLIC SCHOOLS

**HAMDEN HIGH SCHOOL
Athletic Department**

Permission Slip for Sports Managers

Student Name _____

Date of Birth _____

Parent/Guardian _____

Phone # home _____ **cell** _____

Emergency Contact _____

Phone #home _____ **cell** _____

Health Concerns _____

I give my son/daughter _____ **permission to be a**
sports manager for _____ **at Hamden High**
(sport)

School and to travel with the team to away contest during their
season.

Parent/Guardian Signature _____ **Date** _____