



BLUE DEVIL ATHLETICS

Hammonton High School
Chris Sacco, Athletic Director
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Strength Training/Conditioning Permission Slip

Name: _____ Grade: _____

Home Address: _____

Name of Parent(s)/Guardian(s): _____

Home Phone: _____ Work: _____ Cell: _____

Secondary Contact: _____ Relationship to Athlete: _____

Home Phone: _____ Work: _____ Cell: _____

Medical Conditions/Previous Injuries of Athlete: _____

Medicines Taken Regularly by Athlete/Allergies: _____

I hereby give my consent for _____ to attend Strength

(Student's Name)

Training/Conditioning at Hammonton High School.

Student Name (**print**): _____

Parent/Guardian Name (**print**): _____

Parent/Guardian Signature: _____

Date: _____