

HILLEL DAY SCHOOL ATHLETIC DEPARTMENT

PERMISSION SLIP

**2011 FALL SEASON
August 22, 2011 – October 7, 2011**

PLEASE COMPLETE AND RETURN THIS PERMISSION SLIP TO COACH MAIA SHAFFER PRIOR TO TRYOUTS. YOUR CHILD MAY NOT TRY OUT OR PARTICIPATE UNTIL THIS PERMISSION SLIP IS RETURNED.

I, _____, give my son/daughter, _____ permission to be a member of the Hillel Girls' Volleyball / Boys' Flag Football team. We are making the commitment that he/she will attend all practices and games to be held during the season.

Parent Signature

Student Signature

Date

Everyone MUST attend at least one of the tryouts. Details with dates of the tryouts will be sent out the first week of August.

SPORTS HOTLINE ext. 298