

**Barrington High School Athletics**

**Permission and Acknowledgement of Athletic Policies**

**Parent Permission and Acknowledgement**

I give \_\_\_\_\_ permission to participate in \_\_\_\_\_.  
(students name) (sport)

I have read and understand the rules set forth in the "Handbook for Student Athletes".

\_\_\_\_\_  
(parent or guardian signature) (date)

**Athlete Acknowledgement**

I have read and understand the rules set forth in the "Handbook for Student Athletes".

\_\_\_\_\_  
(student-athlete's signature) (date)

The "Handbook for Student Athletes" can also be found online at [www.barringtonhigh.org](http://www.barringtonhigh.org)

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**Athlete Emergency Information Form**

Students Name \_\_\_\_\_ Sport: \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student Email: \_\_\_\_\_

Address \_\_\_\_\_  
(street) (town) (state) (zip)

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

**Parent or Guardian Authorization**

If I cannot be reached in case of an emergency, I hereby consent for a qualified physician or surgeon to examine, diagnose and to prescribe or perform treatment, including surgery, that is deemed advisable for the welfare of the above named participant.

\_\_\_\_\_  
(parent or guardian signature) (date)