

Charles H. Barrows STEM Academy

Student Athlete Permission Form

Student Name (Print): _____ D.O.B: _____

Sport: _____ Grade _____

An updated physical (within past two years) is REQUIRED to participate in any sport. Furthermore, this permission slip and emergency form on the back MUST be submitted to the coach before any student is allowed to participate in any practice or contest.

I give my permission to the appropriate certified staff or medical personnel to render emergency first aid, if required, when associated with athletic injury or illness and understand that my child will be transported to an appropriate medical care facility if serious illness or injury occurs.

I understand that my child is responsible for all equipment and uniforms issued at the beginning of the sport season and will return all loaned equipment/uniforms immediately at the close of the season or pay the replacement cost.

I acknowledge that even the best coaching, use of the most protective equipment and strict observance of rules, injuries, are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death.

I hereby acknowledge that I have read the permission form and accept the school and athletic rules and as a requirement as a condition for my child's participation in Charles. H. Barrows Athletics Program. I understand that my child is a student first and that his or her behavior in the school can affect their eligibility as a team member.

Student-Athlete's Name (Print): _____

Has my permission to participate in athletics during the current school year.

Parent/Guardian Signature: _____

Date _____

Charles H. Barrows STEM Academy
Student Athlete Emergency Contact Information

Student Name (Print): _____ D.O.B: _____

Address: _____

First Contact

Parent/Guardians: Name: _____

Telephone (Home): _____

(Cell): _____

(Work): _____

Second Contact

Parent/Guardians: Name: _____

Telephone (Home): _____

(Cell): _____

(Work): _____

Known Health Problems (Seizures, Asthma, Diabetes, etc.): _____

Known Allergies: _____

Current Medication: _____

Student Physician: _____ Physician Phone Number : _____

Student Dentist : _____ Physician Phone Number : _____

Consent: In case of injury or illness and I cannot be reached, the coach, athletic trainer, nurse, or athletic coordinator has my permission to make arrangements for my child to be taken to the nearest medical facility for an emergency.

Parent/Guardian Signature: _____ Date _____