



BARRINGTON



BARRINGTON PARENT/GUARDIAN CONSENT & CONTACT FORM

Please provide the information below for children ages 10 to 17 to give permission to use the pool without an accompanying parent or guardian.

Child's Name: _____ Age: _____

Parent/Guardian Full Name: _____

Barrington Address: _____

Home Phone: _____

Mobile Phone: _____

Parent/Guardian Signature: _____ Date: _____



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