

High School Mock Trial Program & Competition 2015-2016 Student Permission Slip

PLEASE READ <u>BOTH SIDES</u> OF THIS PERMISSION SLIP INITIAL AND SIGN WHERE APPLICABLE

		we my permission to have (student name)	from
Mock Tr expectati	ial Program & Competition. We cons of the Program and Compet	participate in the 2015-2016 Santa Clara Core (Student and I) have reviewed and understand the rules, guitition. This permission granted is valid from the latter of my 5 through and including March 18, 2016.	idelines and
I. Healt	h: Medical or Other Specia	l Needs. Indicate below as applicable:	
Му с	child has NO special needs the st	taff should be made aware of.	
Му с	child has special needs and instru	uctions are attached. Please advise of any allergies etc.	
Othe	r:		
Initials			
In consid Program	& Competition, I agree to inder	the above-listed student in the Santa Clara County High Sch mnify, defend and hold harmless the Constitutional Rights F	Coundation, the Santa
nta Clara C ergency me etition. I ur	county Office of Education, the Sa County Mock Trial Program & C edical services deemed necessar nderstand and agree that any resuminor student as their parent/gu	ry by those in charge of ulting	(1)-4.6(a10.9(nt)-4.6(y)10.9
ergency metition. I unlity of the The under is completed.	County Mock Trial Program & C edical services deemed necessar nderstand and agree that any resiminor student as their parent/gu ersigned acknowledges that the S	Competition. ry by those in charge of ulting	lressed by this release

High School Mock Trial Program & Competition

Emergency Contact Information			
Name: (print clearly)	Contact Phone: (print clearly)		
If I cannot be reached in case of emergency, please notify:			
Name: (print clearly)	Contact Phone: (print clearly)		
Other:			