

High School Mock Trial Program & Competition 2014-2015 Student Permission Slip

I (as the parent/guardian) request and give my permission to have **(student name)** _____ from **(high school name)** _____ participate in the 2014-2015 Santa Clara County High School Mock Trial Program & Competition. We (Student and I) have reviewed and understand the rules, guidelines and expectations of the Program and Competition. This permission granted is valid from the latter of my student's participation date or September 24, 2014 through and including March 22, 2015.

I.

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:

Physician Contact: (print clearly)

Contact Phone: (print clearly)

Medical Insurance Company

Talent Release Form

Authorization and Release Form for Photo/Video/Website Usage

es)1EMC s/MCI note12 diMC AMC onot _____

not