

Stanislaus County Regional Science Olympiad

Student Permission Form

NAME OF STUDENT _____ now a student at _____ School
PRINT first name and last name

living at _____
street address city, state, zip telephone

wishes to participate in the Stanislaus County Regional Science Olympiad to be held on Saturday, March 2, 2019 at the Modesto Junior College (West Campus) in Modesto. As his/her parent or guardian I do hereby release from all responsibility or liability the Stanislaus County Office of Education and the Education Foundation of Stanislaus County and hold them totally harmless for any incident or injury which may be incurred before, during, or following such event. Our signatures are shown below and we do hereby agree to follow all Science Olympiad rules and accept the interpretations and decision made by the event committee. We hereby authorize the Stanislaus County Office of Education to use and reproduce photograph/videotape my child for publicity and promotional purposes.

Signed by:
Student Participant: _____ Date: _____
Signature

Parent/Guardian: _____ / _____ Date: _____
Print name Signature

Address: _____ City: _____ Zip: _____

E-mail: _____

Coach: _____ / _____ Date: _____
Print name Signature

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