

# 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

**Cheryl Goulart, Program Coordinator**  
**Stanislaus County Office of Education**  
**1100 H Street, Modesto, CA 95354**  
**Phone: (209) 238-1710 Fax: (209) 238-4277**