

**Barrington High School Speech and Debate Team  
Barrington, RI**

**Permission Slip**

I give \_\_\_\_\_ (student name) permission to participate in Debate for the 2017-2018 school year. This includes practices at BHS on Monday and Wednesday evenings (7:30 – 9:00), as well as off-premises tournaments on October 27, November 17, December 8, January 12, February 8, and March 2.

I understand that all students **must** ride to and from the tournament on the bus and that students are not allowed to leave the campus for **ANY** reason during the tournament unless (1) they have prior approval from the BHS Administration as outlined in the Student Activities Handbook, (2) leave with a parent or guardian, and (3) have notified the coach.

**Contact Information:**

Student's name \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name(s) of parent or guardian; email address; and phone number:

\_\_\_\_\_  
\_\_\_\_\_

Other emergency contact (name, relationship to child, and phone number):

\_\_\_\_\_

Are there any medical issues (e.g., allergies, etc.) of which we should be aware?

\_\_\_\_\_

If I cannot be reached in case of emergency, I hereby consent for a physician or medically trained professional to examine, diagnose, and to prescribe and perform treatment, including surgery, that is deemed advisable for the welfare of the above named participant.

\_\_\_\_\_  
(parent or guardian signature)

\_\_\_\_\_  
Date

