

Scottsdale Prep Speech & Debate Activity Permission Form

Students, please read the following and sign below.

1. I understand that students need to be academically eligible (no pass, no play), and follow all Academy rules/procedures.
2. I understand that the Speech and Debate Program is self-funded and I am responsible for a portion of the cost of the program through my participation fee.

2020-2021 Fees: HS Team: \$275 ~~MS Team: \$100~~

3. I understand that transportation to and from in-town tournaments is my responsibility

Fall 2020 (and some if not all Spring 2021) tournaments will be online due to Covid19.

4. I understand that practice/meeting attendance and progress on assignments will influence coaches' decisions about whether or not I am sufficiently prepared to register for a tournament and represent Scottsdale Prep well. You will get out of this activity as much as you're willing to put into it.

Parents, please complete and sign below.

My child, _____, has my permission to participate in Speech and Debate activities, including events held off-campus in the Phoenix metropolitan area. I believe reasonable and necessary precautions for safeguarding the student will be taken. Beyond this I agree to hold Scottsdale Preparatory Academy harmless in the event of any injury to my child while he/she is participating in the off campus activity.

Note: Tournaments hosted outside of the Phoenix metro area (which require bussing or airfare) and have additional cost will have a separate permission slip for each tournament. No student will be permitted to participate without this signed form on file.

Student Name: (sign) _____ Date: _____
(print) _____

Parent Name: (sign) _____ Date: _____
(print) _____

Media Release:

By signing the agreement above, you hereby give permission for your child to appear in images that may appear in media covering the Academy and Great Hearts Academies. You also give permission to the Academy and Great Hearts Academies to use at no cost, images of your child for official websites, promotional materials, and collateral. If you wish to opt out of this media release, please check below:

_____ Please check here only if you do NOT agree to the media release above

Scottsdale Preparatory Academy - Spartan Athletics
EMERGENCY CONTACT INFORMATION
(Please complete entire page)

Student Last Name _____ Student First Name _____

Birth Date ____/____/____

Father's Name _____

Phone: Cell _____ Work _____ Home _____

Mother's Name _____

Phone: Cell _____ Work _____ Home _____

Two individuals who will assume responsibility of your child in case of an illness or accident until you can be reached:

Name _____ Relation to Child _____

Cell # _____ Work # _____ Home # _____

Name _____ Relation to Child _____

Cell # _____ Work # _____ Home # _____

Physician's Name _____ Phone # _____

Student Medical Conditions _____

Medications Taken & Why _____

Allergies to Medications _____

Other Allergies _____

May a representative of Scottsdale Preparatory Academy dispense the following to your child:

Acetaminophen (Tylenol) ____ Yes ____ No Ibuprofen (Advil, Motrin) ____ Yes ____ No

Antacid ____ Yes ____ No Antibiotic Ointment ____ Yes ____ No Cough Drop ____ Yes ____ No

I, the undersigned Parent/Legal Guardian, give consent for my child to be released to me, my spouse, or the friends/relatives I have designated above, and/or taken by an ambulance to the nearest hospital in case of an emergency. In the event the persons on this form cannot be contacted, school officials are hereby authorized to take whatever action deemed necessary for the health and safety of my child. I acknowledge I am financially responsible for any emergency or health care expenses which may occur as a result of illness or injury of my child.

Parent/Legal Guardian Signature _____ Date _____

Scottsdale Preparatory Academy

Speech & Debate Team

Student Driver Permission Form

MS Parents: Ignore this form—no middle schoolers drive.

HS Parents: Only initial those lines that are applicable.

My child, _____,

(*initial*) _____ will always be driven by a parent or other adult driver carpool that I approve/coordinate on my own.

(*initial*) _____ has permission to drive himself or herself to and from tournaments located within the Phoenix metropolitan area.

(*initial*) _____ has permission to transport other students to and from tournaments located within the Phoenix metropolitan area, if their parent(s) have designated my child as having permission to transport them.

(*initial*) _____ as a student driver, is familiar (as am I) with the restrictions of the Class G (Graduated) Arizona Driver's license and will not violate these restrictions.

(*initial*) _____ has permission to be transported by the student(s) only specifically designated below:

Parent signature: _____

Date: _____