



Ocean Air Science Olympiad Parent or Guardian Permission Form

I give my permission for _____ (student's name) to participate in the Ocean Air Science Olympiad Program. I understand that I am responsible for all transportation for my child to and from team event meetings, workshops, field trips, and competition(s). I understand that participating in any coaching that occurs off campus is strictly voluntary and is not an official school sponsored event. I also understand that there maybe additional material costs associated with device construction. I agree to be responsible for any damage done by my child. I give my permission for representatives of the Science Olympiad Program to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including but not limited to medical doctor and/or hospital visits and the power to authorize medical treatment or medical procedures in an emergency situation. I understand that this program is sponsored by the Ocean Air PTA and supported entirely through volunteer efforts. I understand that rules have been established for student behavior during preparation for and at the competition during the Science Olympiad Program. I understand that all reasonable and appropriate measures will be taken to ensure the safety and welfare of my child and I agree to not hold representatives of or volunteers for the Science Olympiad Program liable. I AGREE TO BE IN ATTENDANCE WITH MY CHILD ON THE DAY OF THE COMPETITION.

Ocean Air Science Olympiad (please circle) DOES DOES NOT have my permission to use my child's name and/or picture on the website, in local mass media or publicity releases.

I have read this and all the sign-up forms and I agree to comply with all program requirements.

Student name (print) _____

Student signature _____ Date _____

Parent/guardian name (print) _____

Parent/guardian signature _____ Date _____