



Santa Clara 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 Santa Clara County Regional Science Olympiad to be held on Saturday, March 16, 2024 at Milpitas High School. As his/her parent or guardian I do hereby release from all responsibility or liability the Bay Area Science League its officials, officers, employees, and volunteers, Santa Clara County Science Olympiad Tournament Directors and Volunteers, the Milpitas High School and the Milpitas Unified School District, 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 Bay Area Regional Science League to use and reproduce photograph/videotape my child for publicity and promotional purposes. The participant and parent/guardian agree to abide by all tournament rules as indicated on the tournament website at <https://scilympiad.com/santa-clara-so> I understand adults are not allowed at impound and cannot coach teams at their event locations. Adult interference will cause the team to be disqualified.

Signed by:
Student Participant: _____ Date: _____
Signature

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

Address: _____ City: _____ Zip: _____

Coach: _____ / _____ Date: _____
Print name Signature

Team Name: _____

**James Hill, Regional Director
SCC Regional Science Olympiad**

Questions? Please see your Team's coach.