



Bay Area Science League
Barbara Little, Director PO Box 384866 Waikoloa, HI 96738

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 18, 2017 at San Jose City College. As his/her parent or guardian I do hereby release from all responsibility or liability the Bay Area Science League and the San Jose City College 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 Science League 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: _____

Coach: _____ / _____ Date: _____
Print name Signature

Team Name: _____

**Barbara Little, Regional Director
Santa Clara County Science Olympiad
Bay Area Science League, Director**

Questions? Please see your team's coach.