



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 16, 2019 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. The participant and parent/guardian agrees to abide by all tournament rules as indicated on the tournament website at [www.santaclarascioly.com](http://www.santaclarascioly.com). I understand adults are not allowed at impound and cannot coach teams at their events. 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: \_\_\_\_\_

**Barbara Little, Regional Director**  
**Santa Clara County Regional Science Olympiad**

**Questions? Please see your team's coach.**