Forensics Permission Form

My child,		·
staying after scho student will be dro including remainir	ool for a scheduled practice. If more topped from the team. They are requing in the designated practice waiting inderstand that my contact informati	sics Team. I understand that this requires than three practice sessions are missed, the red to follow the rules set by the coaches, areas. I will be prompt picking up my child on will be shared with meet coaches for
need to provide p meets that have k	rompt transportation directly after to seen committed to are not attended simburse the school. I also recognize	the forensics meets and understand I will the meet ends. I understand that if any (unless due to illness), a \$5.00 fee per meet that meets may be dropped/added due to
and must meet th meets to qualify fo	e state requirement. Therefore, tear	s from three meets are averaged together in members must attend at least three in or the "Forensics" tab on the school's 'arrival times and schedules.
PermTrans	in the following to Mrs. Noonan, Room 20 ission form / Activity Code Acknowledge sportation Notice nsics fee of \$15 (<i>checks made payable to</i>	ement
	e following meets your child will be at all meets, they will only be able to join	tending. Please note that if a student is an individual category.
	Friday, January 26th	Central Middle School, Hartford
	Friday, February 2nd	Silverbrook Intermediate, West Bend
	Friday, February 9th	Holy Angels School, West Bend
	Friday, February 23rd	Badger Middle School, West Bend
	Saturday, March 16th, ALL DAY EVENT	State Tournament (must qualify)
Parent Signature:_		Emergency Contact #:
Student Signature		

Students with practice conflicts must fill out the "Practice Schedule Request" on Google Classroom by November 27th!!!

First and Last Name:		-		
	Code (<i>Posted on Google Classroom</i>) iddle School Activity Code and understand an	d accept all of the rules and		
By signing the code, I agr	ee to abide by all of the rules and regulations			
 I understand the regulation 	ns are in effect the whole school year and ap	ply to all school athletics.		
	Student Signature	 Date		
	Parent Signature	 Date		
Release of Liability for S	Student Transportation			
I, the parent/guardian, have co (Posted on Skyward) and sele	ompleted the Release of Liability for Stude cted:	ent Transportation form		
·	ermission for my child is only given to a pa n to another parent/guardian to transport n	<u> </u>		
Are parent/s signed up for REI	MIND? https://www.remind.com/join/	4n6sms		
☐ Yes!				
☐ No, I do not wan	t to sign up for REMIND to receive import	ant forensics information.		
Are you (student) a returning f	orensics member?			
☐ Yes, I've done forensics previously.				
☐ No, I haven't dor	□ No, I haven't done forensics before.			
Do you (student) have a sibling	g in SMS forensics?			
Yes, their name i	s			
No, I do not have	e a sibling in middle school forensics.			
Have you (student) signed up	for the 4N6 Google Classroom? 4ae5b2 t	ı		
Yes, of course, a	and I know to check it regularly for updates	S .		
Are you (student) able to pract	tice any time after school on Mondays,Tue	esdays, and Thursdays?		
☐ Yes!				
☐ No, but I will fill o	out the "Practice Schedule Request" form	posted on Google Classroom		
by November 27	7th.			