

I agree to follow the expectations listed above and understand that failure to follow these guidelines can result in the following: not being able to compete, temporary suspension from the team, or permanent suspension from the team.

Student Name/Student ID # _____ Student Signature _____

As a parent/guardian of a Speech Team member, I have read and understand the expectations for my student.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Email address: _____

Home Phone Number: _____

Cell Phone Number: _____

(PLEASE RETURN THIS PAGE COMPLETED TO THE SPEECH COACHES BY OCTOBER 1st)