

PARENTS

We hope that your student's experience with the East Forensics squad is rewarding and successful. If you have questions please feel free to contact us. Our goal is to provide students with a variety of experiences designed to improve their confidence and proficiency in writing, critical thinking, performance, speaking, and argumentation. You are always welcome to visit our practices, and we encourage your attendance at tournaments when it fits with your schedule. We genuinely appreciate your support of--and involvement in--the speech and debate program here at East.

Please find included in this packet a number of forms, listed below, that will need to be on file in order for your student(s) to compete. Some are for us, such as the Consent Form and the Medical Emergency Form, and others are for the school or the Nebraska School Activities Association. While they may seem repetitive, they all are important. Thank you for your time and attention to this matter.

Please complete and return the following items no later than OCTOBER 12, 2009:

- 1) Acknowledgement & Consent Form
- 2) Medical Emergency and Treatment Permission Form
- 3) Nebraska School Activities Association Eligibility Form (yellow form)
- 4) Permission to Drive to Field Trip
- 5) Permission to Carpool to Field Trip

COACH CONTACT INFORMATION

	<u>HOME</u>	<u>CELL</u>	<u>SCHOOL</u>	<u>E-MAIL</u>
Matt Davis	789-2296	450-0594	436-1302 x 341	mdavis@lps.org
Dutch Fichthorn	486-1424	416-1995	436-1302 x 342	dficht@lps.org
Doug Frank	261-8874	613-3376	436-1302	dfrank@lps.org

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS AND INFORMATION.

Parental Acknowledgement & Consent

If you have read the rules and regulations pertaining to your student's participation in the Forensics Program and have a clear understanding of them, please sign below.

_____ has my permission to participate in the Lincoln East Forensics
(STUDENT'S NAME)

program for the 2009-2010 school year, and to travel to tournaments under the direction and supervision of one or more of the Forensic Coaches.

PARENT/GUARDIAN SIGNATURE

DATE

TRANSPORTATION

In an effort to reduce transportation costs students are asked to provide transportation to IN-TOWN tournaments. This arrangement has proven necessary for a variety of reasons, such as a student needs to arrive or depart at a different time than the team according to a pre-arrangement with the coaches. Below is the official form allowing us to do this. Granting permission for either instance is optional. Parents are always welcome to transport their student(s) to in-town tournaments.

Permission to *Drive* to Field Trip

Students are not permitted to be the driver to a field trip (tournament) without a statement, signed by the parent, that the automobile driven meets the minimum required liability insurance. The primary insurance coverage will reside with the driver, not the East Forensic coaches nor Lincoln Public Schools.

The insurance on the car the student will be driving must comply with state law which is not less than \$25,000 for one person, \$50,000 for more than one person, and \$25,000 property damage. Please attach a copy of the current insurance card.

_____ has permission to drive a car to in-town tournaments if needed.

- Yes, the student named above has permission to transport other students if needed.
- No, the student named above does not have permission to transport other students if needed.

Permission to *Car Pool* to Field Trip

- Yes, the student named above has permission to ride with a student driver if needed.
- No, the student named above does not have permission to ride with a student driver.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

Medical Emergency and Treatment Permission Form

Student Name: _____ male female

height: _____ weight: _____ age: _____

Parent(s)/Guardian(s): _____

Address: _____

Home Phone: _____

Work Phone: _____

Emergency Contact and Phone: _____

Insurance Co. _____ Policy #: _____

Dietary Restrictions: _____

Allergies: _____

Medication/Dosage: _____

Medical Conditions: _____

Family Physician to be contacted & phone number: _____

In the event of a medical emergency, I hereby authorize this hospital to administer whatever emergency care is deemed appropriate by the medical staff for my minor child until I can be contacted.

Parent/Guardian signature: _____

(date)

