

Do YOU Want to Speak Up?

Talk to Erica Andino (Afterschool office)
or
Get a sign-up sheet from the main office!

All Glendale 6th, 7th, and 8th graders are invited!

DEBATE CLUB

At Glendale!

Begins Monday, October 29, 2018

Mondays and
Fridays at 3:15
FREE CLUB and
Free Snacks
Provided!



Who – Students in 6th 7th and 8th grades **When** – 3:15 – 4:15 p.m. Mondays & Fridays (after school)
Where – Glendale Middle School Auditorium **Contact** – Erica Andino (801) 974-8324

Student Name	First	Last	Birth date	Sex (M/F)
School Last Attended	Special Needs: YES _____ NO _____		Student Lunch #	Grade
Legal Address	Street	City	Zip	
Guardian/Mothers Name:		Mothers Phone:		
Guardian/Fathers Name:		Fathers Phone:		
<u>Allergies or Allergies to Medication</u> YES _____ NO _____ If YES, please list: 1. 2.		<u>Emergency Contacts</u> Responsible adults who can be contacted if parents cannot be reached at home or work. Name: _____ Phone _____ Address: _____ Name: _____ Phone _____ Address: _____		
<u>Photo Press Release</u> I give permission for photographs and video recordings of my student may be taken by the Debate Club and may be used in promotional materials for this and other partner programs. DO _____ DO NOT _____		<u>Parent Permission:</u> In the event of illness or accident to a child of mine while attending school which, in the judgment of the principal of the school, or this authorized designee, would seem to require medical attention I hereby DO ___ DO-NOT ___ authorize the principal or his/her designee, to secure medical services for my child, at my expense, including doctor, hospital, and ambulance services if I cannot be reached promptly by phone or, if in the judgment of the principal/designee of the school medical help is immediately required without time to reach me.		
<u>Information Sheet</u> _____ I have read, and understand the information sheet provided along with my application.		<u>FIELD TRIP PERMISSION FORM</u> Occasionally, our after-school program will entail walking or taking the school buses or UTA to points of local interest. Every possible precaution will be exercised to ensure the safety and welfare of your child. However, the school and its authorized agents shall not be responsible, financially or otherwise, should an accident occur. My student DOES ___ DOES NOT ___ have permission to participate in field trips		

Parent/Guardian Name (Please print)

Date

Parent/Guardian Signature