

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME Riverview High School
SCHOOL ADDRESS 1 Ram Way, Sarasota, FL 34231 SCHOOL PHONE (941) 923-1484

SCHOOL CLUB/ACTIVITY APPROVAL AND STUDENT REGISTRATION

Instructions: The club/activity advisor completes top section of form and gives to the principal for approval. If approved, the advisor makes copies of the signed form for the students to take home. The parent/guardian must complete the consent section, sign, and return this form and additional completed, signed forms identified below, with any required payment to the child's school.

The deadline to submit forms and payment in order for the child to participate is _____.

CLUB/ACTIVITY INFORMATION

Club/Activity Name Speech & Debate Club School Year 2023-2024

Club/Activity Advisor Name Brandon Sikkenga Club/Activity Advisor Email Address brandon.sikkenga@sarasotacountysschools.net

Purpose or Goal of Club/Activity Help student improve their public speaking skills through engaging activities and prepare for FGCL Speech & Debate tournaments if they wish to participate

Schedule Start Date 8/18/23 End Date 5/21/23 Times 7:15am-7:40am

Day(s) of the Week Every Friday

Cost Payment required \$ 20 Payment can be made by cash/check payable to RHS Speech & Debate Club

Requirements (prerequisites, dress code, equipment, supplies, etc.) There are no requirements; all are welcome!

PRINCIPAL APPROVAL

Club/Activity Approved Yes (check boxes below for additional required forms)
 No If no, provide reason _____

Parent/Guardian Release and Hold Harmless Agreement for Student Participation in Special Event/Activity at School Campus, Form 075-16-FIN

Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities, Form 063-96-DIS

Private Vehicle Transportation Permission, Form 063-12-RKM

Principal Name (Print) Erin Haughey Principal Signature [Signature] Date 8/18/23

PARENT/GUARDIAN CONSENT

Student Name (Print) _____ DOB _____ Student No. _____

Transportation
 My child is in After School Care My child is a walker/biker (Note that no crossing guards are present).
 My child drives to and from School My child will normally be picked up by the following people (include yourself):

Name (Print) _____ Phone No. _____ Name (Print) _____ Phone No. _____

Students who are not picked up on time may be dismissed from the club/activity. You will be contacted to pick up your child if the club/activity is cancelled due to unforeseen circumstances (i.e. weather).

I, _____, give my permission
Parent/Guardian Name (Print)

for _____, to participate in the
Student Name (Print)

_____ Club/Activity.

Parent/Guardian Signature _____ Date _____

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