



YORKTOWN HIGH SCHOOL DEBATE & SPEECH TEAM EXPECTATION FORM

**Note: This form could be filled-out electronically.
Please return completed packet to Mrs. Solomon in Room 245.**

In order to help ensure a productive and positive experience for all team members this season, we ask that you and a parent/legal guardian read the team expectations listed below and sign the acknowledgement at the bottom of the form. Thank you!

1. Yorktown Debate and Speech Team members represent our school and our community at local, regional, state, and national tournaments. Team members should always show the highest personal regard for their fellow team mates, coaches, parents, teachers, judges, tournament organizers, and fellow competitors. If a situation arises at a practice, a tournament, or on a trip to and from a tournament, please bring it to the immediate attention of a coach, parent, judge, or other responsible adult.
2. Once registered in September, team members are expected to compete in at least *three* regular season tournaments in the same event area. This is necessary in order to receive an invitation to return to the team the following year. Team members must register for tournaments by the posted deadline dates.
3. Team members are also expected to attend regular season practices from September through February and post-season practices if they qualify for regional, state, or national tournaments in March through May. Team members should obtain and keep readily available all practice/tournament schedules for their selected event areas. Note that students in Policy debate, Lincoln-Douglas debate, and Student Congress/Extemporaneous Speaking may miss one practice per quarter of their choice. Speech students do not have mandatory practices but are expected to rehearse with a coach at least once before attending each tournament.
4. Team members are expected to attend **both** mandatory meetings, one in mid-September and one in late April, unless the meeting happens to conflict with a religious observance.
5. Team members are expected to wear professional attire at all tournaments. Dress, blouse and skirt, or pantsuit combinations and dress shoes are required for the ladies. Jacket, tie, dress shirt, slacks, and dress shoes are required for the gentlemen.
6. **Team members and their parents are expected to volunteer during the Season.** Including hosting, if a tournament is held at Yorktown, judging, and other services as required. Failure to do so may result in the student's dismissal from the team.
7. When traveling overnight, students are expected to abide by curfew rules and to follow carefully all coach/chaperone instructions concerning conduct and where to be when. This is essential for the safety of our students. As with any activity, if any student is found with illicit items, such as tobacco, alcohol, or illegal drugs, or becomes unreasonably disruptive, the parent(s) will be contacted immediately and we will arrange to send the student home immediately at student and/or parent expense.
8. Conduct unbecoming of a student may result in dismissal from the team as determined by the head coach in consultation with affected coaches, students, and parents/guardians.
9. As indicated in the Yorktown High School and Virginia High School League (VHSL) eligibility rules, team members are expected to make their course work the top priority at school. Failure to maintain eligibility will result in not being able to compete at tournaments until course work is effectively addressed and grades are raised back up.
10. The parent/legal guardian understands and gives the right to the team to use social-media websites, one-on-one electronic communication and/or any other type of electronic communication to communicate with team members.
11. Team dues* are \$25.00 for the school year.
*Cash and Check are both accepted; please make checks payable to *YHS Debate & Speech*.
12. The team reserves the right to make any adjustments or changes to the forms at anytime without further notice.

Acknowledgement:

I have read and agree to abide by the expectations set forth above.

Student Name (Please print clearly): _____ Date: _____

Student Signature: _____

I have read and agree to support my child in abiding by the expectations set forth above.

Parent/Legal Guardian Signature: _____ Date: _____



YORKTOWN HIGH SCHOOL DEBATE & SPEECH TEAM REGISTRATION FORM

DATE: _____

Student Information

Name: _____ Student ID: _____ Grade: _____

Gender: M F Date of Birth: _____ Date started at Yorktown: _____

Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Parents/Legal Guardian(s) Information

Name: _____ Name: _____

Relationship to student: _____ Relationship to student: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail: _____ E-Mail: _____

Please select the event(s) in which you are interested in participating:

Debate

- Lincoln-Douglas
- Public Forum
- Student Congress
- Policy (Currently not offered)

Speech

- | | |
|---|---|
| <input type="checkbox"/> Oral Interpretation (Poetry and Prose) | <input type="checkbox"/> Impromptu |
| <input type="checkbox"/> Original Oratory | <input type="checkbox"/> Extemporaneous Speaking (Extemp) |
| <input type="checkbox"/> Duo Interpretation | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Declamation * | <input type="checkbox"/> Dramatic Performance |

Declamation is open to students in 9th and 10th grade **ONLY!*

Team Dues:

Required: \$25.00 for this school year

Optional: Non-recurring \$15.00 **IF** student decide to join the National Forensics League (NFL)

STUDENT NAME (LAST, FIRST, MIDDLE)		GENDER M F	BIRTH DATE (MM/DD/YY)	GRADE	ROOM #
ADDRESS WHERE STUDENT LIVES			ZIP CODE	HOME TELEPHONE ()	
WITH WHOM DOES THE STUDENT LIVE?			LANGUAGE OF CORRESPONDENCE		
PARENT OR LEGAL GUARDIAN (LAST, FIRST, MIDDLE)			E-MAIL ADDRESS		
ADDRESS (IF DIFFERENT FROM STUDENT'S)			WORK/DAY TIME TELEPHONE ()	CELL PHONE ()	
PARENT OR LEGAL GUARDIAN (LAST, FIRST, MIDDLE)			E-MAIL ADDRESS		
ADDRESS (IF DIFFERENT FROM STUDENT'S)			WORK/DAY TIME TELEPHONE ()	CELL PHONE ()	

PERSONS TO BE CALLED WHEN PARENT(S) CANNOT BE REACHED AND TO WHOM THE SCHOOL MAY RELEASE YOUR CHILD DURING AN EMERGENCY SITUATION
Health information about your child will be shared with this person ONLY as it relates to the specific reason he/she is being called.

(LAST NAME, FIRST NAME, MIDDLE INITIAL) 1)	RELATIONSHIP TO STUDENT	DAYTIME TELEPHONE NUMBER ()
(LAST NAME, FIRST NAME, MIDDLE INITIAL) 2)	RELATIONSHIP TO STUDENT	DAYTIME TELEPHONE NUMBER ()
(LAST NAME, FIRST NAME, MIDDLE INITIAL) 3)	RELATIONSHIP TO STUDENT	DAYTIME TELEPHONE NUMBER ()

INSURANCE/PHYSICIAN INFORMATION:

NAME OF STUDENT'S REGULAR DOCTOR		TELEPHONE NUMBER ()
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	INSURANCE PROVIDER NAME	INSURANCE IDENTIFICATION NUMBER

MEDICAL INFORMATION

Check the appropriate box to indicate any current health condition that may require attention during the school day. Please notify the school nurse if your child has a severe or life-threatening allergic reaction to any foods or other allergens. The school nurse will work with you to develop a care plan for your child. (A copy of the Care Plan is available from the School Clinic or the School Health website)

- | | |
|---|---|
| <input type="checkbox"/> Life-Threatening Allergies (list all that apply) | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Foods _____ | <input type="checkbox"/> Physical Disability (be specific) _____ |
| <input type="checkbox"/> Medicines _____ | <input type="checkbox"/> Asthma or other breathing problems |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer — Concurrently under treatment? _ Yes _ No |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Vision Problems <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts |
| <input type="checkbox"/> Hearing aid(s) | <input type="checkbox"/> Other (Be specific, use other side if necessary) |
| <input type="checkbox"/> Heart Problems | |

MEDICATIONS (ex. Epipen, glucagon, inhaler, Diastat, insulin, etc.)

Has your child been prescribed any emergency medications? Please list _____
 What medications does your child take at school? _____
 What medications does your child take at home? _____
 If your child is unable to leave school at the normal time due to an emergency, are there medications that your child must take? Please list medication and indicate reason. _____

MEDICATION AUTHORIZATION FORMS MUST BE COMPLETED FOR ANY MEDICATION(S) TO BE GIVEN AT SCHOOL.
These forms may be obtained from the school clinic staff, or on the School Health website:
(www.apsva.us/schoolhealth)

I understand that the above information and the results of hearing and vision screening may be shared with my child's teacher(s), principal or other school staff as needed. I give permission for my child's immunization information to be entered into the state immunization registry. I also understand that in the event of a communicable disease issue that may affect others, information may be shared with Public Health. No other protected health information will be shared without my permission. This information will be kept in the clinic and with authorized school staff, and may be used by school health staff, my child's teachers, principal, or other school staff as needed. The school has my permission, in an emergency, when I cannot be contacted, to take my child to the nearest emergency room, and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child. A copy of this page will be given to the Emergency Medical Services (EMS) staff who respond to a 911 call.

SCHOOL CLOSINGS, DELAYS, EARLY DISMISSALS AND OTHER EMERGENCIES

Should it be necessary to close school during the day, the child indicated above has been instructed to:

Ride home on his/her regular bus Walk directly home

Go to the home of (name) _____ (address) _____

My child is enrolled in after-school Extended Day/Check-In Program and should go there.

Other instructions have been given to the child (specify here) _____

Parent/Guardian Signature: **X** _____ Date: _____