**Welcome to Scholastic Bowl!**

I am looking forward to an exciting Scholastic Bowl season! The following are some guidelines and expectations for Scholastic Bowl participants. For students to participate in Scholastic Bowl practices or matches, they must review these expectations and **sign the permission slip**. Please fill out the emergency information should I need to contact you about schedule changes. There is a **$20 fee** to be in a district activity/club. Checks can be made out to Summit Hill School District #161. I would like the checks back as soon as possible.

**Matches**

The 2019-2020 Scholastic Bowl season schedule is attached. Please note that I am still waiting on a few schools to respond so matches may be added. This schedule will also be posted on my webpage. All friends and family are welcome to attend. When games are over participants are expected to be picked up promptly. Coaches are not allowed to leave the building until all participants have left.

Participants are required to take the bus to away matches. If a participant’s parent wants to drive their own child home from a match, please sign out with the coach at the end of the match. We are not allowed to let participants ride home with another player’s parents, unless approved by the office prior to the match. Students will call home on the bus ride home to arrange rides (using my phone or their own) since the return time from matches is unpredictable.

**Practice**

**Our first practice will be January 15!** The practice schedule is included on the season schedule. Participants are expected to attend every practice and stay the duration of the practice. During practices we will cover important rules and strategies, as well as practice answering toss-up and bonus questions with the equipment. Excused absences are granted for a prior academic commitment, illness, doctor appointments, or family emergency. If you must miss a practice or meet, please let me know as soon as possible All practices will end at 3:55 PM.

**Uniforms**

Participants are encouraged to wear a Scholastic Bowl shirt for every match. Any of the past shirts are acceptable. Order forms will be given at practice to order this year’s Scholastic Bowl shirt. If a Scholastic Bowl shirt is unavailable, please wear a Walker shirt or school colors of black or teal.

Please fell free to contact me if you have any questions

Erik Donovan- edonovan@summithill.org

Please sign this acknowledging that you read this letter and understand the guidelines and expectations for the 2019-2020 Scholastic Bowl season. Please return with payment. Thank you.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Scholastic Bowl Student /Parent Information Sheet**

Contact Information

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 1 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 1 Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian 2 Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation

How will your child be getting home? Please write a note if this changes.

\_\_\_\_\_ picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ walking/riding bike home

Medical Information

Describe any medical /physical conditions and food/medication allegories your child has that I need to be aware of.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_