



STUDENT APPLICATION AND PARENT/GUARDIAN PERMISSION

Student Name: _____

Email: _____ Phone: _____

High School Attending: _____

School Advisor/Counselor: _____

Home School: _____

My signature below certifies that I wish to participate in the AAUW of Salem Speech Contest and that I have received and read the contest Information.

Signature: _____ Date: _____

Parent/Guardian Information and Permission:

Name: _____

Address: _____

Email: _____ Phone: _____

My signature below certifies that I have read the rules for the speech contest and wish for my child to participate in the AAUW of Salem speech contest. In addition, I understand that my child's name may be publicized locally as a contest participant, and that the speech will be recorded for higher-level competition and selection of finalists.

If my child is selected as the 1st place winner or one of the finalists, I understand that the video of my child's competition speech may be posted online or used to promote the contest in subsequent years. I understand, I will need to sign an AFFIDAVIT OF ELIGIBILITY AND LIABILITY RELEASE, prior to my child's participation in the competition.

Parent/Guardian Signature: _____ Date: _____