



Randolph

SPEECH & DEBATE

2021 – 2022 Member Intake Forms

Student Name: _____

Greetings Team Members and Parents!

Welcome to the team! On behalf of Randolph Speech & Debate, student officers, and boosters, w'd like to thank you for joining or remaining on the team for this school year. If past years are any indication, it's sure to be an exciting and successful year for you and us.

You may already be aware of our website, rhsforensics.org. That is the go-to destination for all news, information, training, recognition, scheduling – you name it. Our **team handbook** can also be found there.

This year we are handling all intake form submissions **electronically**. Students should be filling out their own form during our meetings, if they have not already. You will be asked to complete everything by filling out the online parent form located [here](#); and by signing off on the pages in this packet and then uploading this packet at the beginning of the form. Once signed, you may scan this packet or take photos of each page in order to upload it, but **we will not be accepting hard copies of our intake forms this year**.

[On our student online form](#), your child will find:

- Code of Conduct Acknowledgement*
- Student Information
- NSDA Account Confirmation
- Tabroom.com Account Confirmation
- Slack Account Confirmation

[On our parent online form](#), you will find:

- Parent Information
- Support Acknowledgement*
- Contact Information*
- Health Information*
- Media & Communication Release
- Boosters Membership Form Link

In this packet, you will find:

- Local Tournament Transportation & Permission Form*
- National Tournament Information & Permission Form
- National Tournament Release & Indemnification Agreement
- Medical Forms*

Items marked with an asterisk (*) are **required for all team members** to complete. Items listed as “national tournament” events must be completed by any team member considering attending national tournaments. **If any member is considering attending national tournaments, they MUST attach a copy of their current health insurance card to this packet.** No forms will be kept on file beyond the current school year; all information obtained will be deleted permanently by June 30.

Once again, welcome to a new and productive school year. Take care and be well.

Katherine Burke
Head Coach
Randolph Speech & Debate

Randolph Speech & Debate

Local Tournament Transportation & Permission Form

This form will accompany your child to all local and regional Randolph Speech & Debate trips during the current school year. **No team members will be permitted to participate without this form fully completed and signed.**

Permission is granted for my child/ward, _____, to travel and participate with the Randolph Speech & Debate team on the dates, at the locations, and with the chaperones listed below. Transportation will be provided by district school buses. Estimated time of departure and time of return are listed below. Any changes/updates to the list below will be communicated as soon as possible.

In the rare event that school buses are not available, charter buses and/or private cars may be used in replacement. Permission is also granted for my child/ward to travel in charter buses or in private cars in such situations. This permission is conditional so long as I am informed ahead of time in writing by either my child or team administration, and in the case of private cars, so long as I am informed of the name of the parent or coach driving said car.

I understand that, at such tournaments, there exists the possibility that supervision will not be direct and continuous for the duration, but that coaches/chaperones will be available at any time.

Permission is also granted to adult team administrators to communicate with my child/ward via text message, messaging application (Remind, Slack, etc.), and phone call if necessary. In the past, this permission has been used for emergencies, logistics, schedule changes, planning, surveys, etc.

I am in full support of my child/ward's participation, including all financial and disciplinary responsibilities related to participation. I agree that my child/ward has the personal qualities and maturity to follow the directions of coaches and chaperones, and that he/she will abide by the rules of the team and the Randolph Township School District, as they are designed to protect his/her health and safety.

Parent/Guardian Name 1

Parent/Guardian Signature 1

Date

Parent/Guardian Name 2

Parent/Guardian Signature 2

Date

Randolph Speech & Debate Local Tournament Schedule

As we all know, this is an unprecedented season. As such, local tournaments may be changing throughout the year (in terms of dates, their status as an online or physical tournament, etc). All changes will be communicated to the Team through Microsoft Teams and/or email, but as it stands, our season will look like the following schedule. Addresses and possible departure times are provided **in the event that these tournaments run “in person.”** At this time, we expect most of the season to be **in-person, but this may change at any point in the season.**

To that end, students should begin preparing for a “space” to perform their pieces or debate. We recommend a relatively quiet space with a plain, or mostly plain background.

Date(s)	Trip	Status	Departure	Location IF IN-PERSON	Chaperones
10/15 – 10/17	Bronx Science	Online	7:00am	75 West 205 th Street, The Bronx, NY 10468	PARENTS
10/23	CFL 1	In-Person	TBA	TBA	Katie Burke & Sybil Sanchez-Gonzalez
10/30	Phillipsburg	In-Person	7:00am	1 Stateliner Blvd Phillipsburg, NJ 08865	Katie Burke & Sybil Sanchez-Gonzalez
11/13	CFL 2	In-Person	TBA	TBA	Katie Burke & Sybil Sanchez-Gonzalez
11/20	Randolph*	In-Person	7:30am	511 Millbrook Ave Randolph, NJ 07869	Katie Burke & Sybil Sanchez-Gonzalez
12/10 – 12/11	Ridge Debates	In-Person	7:30am	268 S Finley Ave Bernards NJ 07920	Katie Burke
12/11	Summit Holiday Classic	In-Person	7:30am	125 Kent Place Blvd Summit NJ 07901	Sybil Sanchez-Gonzalez
12/18	CFL 3	In-Person	TBA	TBA	Katie Burke & Sybil Sanchez-Gonzalez
1/8	Hunterdon Central	In-Person	7:00am	84 State Route 31 Flemington, NJ 08822	Katie Burke & Sybil Sanchez-Gonzalez
1/15	Freehold Township	In-Person	7:00am	281 Elton Adelphia Road, Freehold, NJ 07728	Sybil Sanchez-Gonzalez
1/22	CFL 4	In-Person	TBA	TBA	Katie Burke
TBA	Bridgewater-Raritan	In-Person	7:00am	600 Garretson Road, Bridgewater Township, NJ 08807	Katie Burke & Sybil Sanchez-Gonzalez
1/29	Ridge Invitational	In-Person	7:30am	268 S Finley Ave Bernards NJ 07920	Katie Burke & Sybil Sanchez-Gonzalez
2/5	CFL 5	In-Person	TBA	TBA	Katie Burke & Sybil Sanchez-Gonzalez
TBA	Borelli Tournament	TBA	TBA	TBA	Katie Burke & Sybil Sanchez-Gonzalez
2/26	Montville	In-Person	7:30am	100 Horseneck Rd Montville NJ 07045	Katie Burke & Sybil Sanchez-Gonzalez
3/5	CFL 6	In-Person	TBA	TBA	Katie Burke & Sybil Sanchez-Gonzalez
3/12	Princeton HS	In-Person	7:00am	151 Moore St Princeton, NJ 08540	Katie Burke & Sybil Sanchez-Gonzalez
3/18 – 3/19	NJSDL State Championships @ Hunterdon Central	In-Person	2:30pm & 7:00am	84 State Route 31 Flemington, NJ 08822	Katie Burke & Sybil Sanchez-Gonzalez
3/25 – 3/26	NJ District Tournament @ Delbarton	In-Person	2:30pm & 8:00am	230 Mendham Rd, Morristown, NJ 07960	Katie Burke & Sybil Sanchez-Gonzalez

Randolph Speech & Debate

National Tournament Transportation & Permission Form

This form will accompany your child to all national Randolph Speech & Debate trips during the current school year. **No team members will be permitted to participate without this form fully completed and signed and a current health insurance card on file with the team.**

Permission is granted for my child/ward, _____, to travel and participate with the Randolph Speech & Debate team on the dates, at the locations, and with the chaperones listed below. Transportation & accommodation will be provided by the methods and venues listed. Any changes/updates to the list below will be communicated as soon as possible, as other team-sponsored national tournaments may become available.

I acknowledge that by signing this form, I am only granting permission to attend possible future tournaments. This form does not guarantee or commit my child/ward to any of these trips or tournaments. In order to attend these trips, I understand that my child/ward may have to qualify, register, meet requirements, provide financial deposits, and/or prepare for competition in order to be permitted to attend.

I understand that national tournaments require more complex planning and logistics than local tournaments, including a variety of travel methods, hotel accommodations, and the possibility that supervision will not be direct and continuous for 24 hours each day.

Date(s)	Trip	Chaperones	Transp.	Accommodation
9/17 – 9/19	Yale Invitational (New Haven, CT) – ONLINE	Katie Burke & Sybil Sanchez-Gonzalez	n/a	n/a
12/3 – 12/5	Princeton University (Princeton, NJ)	Katie Burke & Sybil Sanchez-Gonzalez	TBA	TBA
2/18 – 2/21	Harvard Invitational (Cambridge, MA)	Katie Burke & Sybil Sanchez-Gonzalez; other chaperones as needed	TBA	<i>Cambridge Marriott 50 Broadway Cambridge, MA 02142</i>
5/27 – 5/30	NCFL Grand Nationals (Minneapolis, MN)	Katie Burke & Sybil Sanchez-Gonzalez (if necessary)	TBA	TBA
6/12 – 6/18	NSDA Nationals (Des Moines, IA)	Katie Burke & Sybil Sanchez-Gonzalez (if necessary)	TBA	TBA

Permission is also granted to adult team administrators to communicate with my child/ward via text message, messaging application (Remind, Slack, etc.), and phone call if necessary. In the past, this permission has been used for emergencies, logistics, schedule changes, planning, surveys, etc.

I understand that all team members attending these trips are subject to further rules and guidelines, to be provided in a timely manner to students and parents before the tournament begins. I will also be provided additional information about the trip including timing, transportation etc. from team administration.

IMPORTANT: I am also attaching a copy of my child/ward's insurance card, front and back. I understand that if this information is not provided, my child/ward will not be permitted to attend any national tournament.

I am in full support of my child/ward's participation, including all financial and disciplinary responsibilities related to participation. I agree that my child/ward has the personal qualities and maturity to follow the directions of coaches and chaperones, and that he/she will abide by the rules of the team, the Boosters, and the Randolph Township School District, as they are designed to protect his/her health and safety.

Parent/Guardian Name 1

Parent/Guardian Signature 1

Date

Parent/Guardian Name 2

Parent/Guardian Signature 2

Date

Randolph Speech & Debate

Virtual Tournaments, Technology, & Meetings

This form will accompany your child to all local and regional Randolph Speech & Debate trips during the current school year. **No team members will be permitted to participate within virtual OR in-personal tournaments without this form fully completed and signed.**

I am the parent/guardian of _____.

With the current health crisis, some of our team activities and events this season will happen **online**, through various online resources. These include but are not limited to; Speechwire, Tabroom, NSDA Campus, Classrooms.cloud, Yaatly, Jitsi, Zoom, etc. All online resources have been vetted by the NJ Speech and Debate League for security and student safety. Every measure of security will be taken throughout online tournaments run by the leagues that we participate in.

I understand that my student will be using these electronic resources and spaces, for practices and some events throughout the year. All available security precautions will be used throughout the year. **Please initial this box to acknowledge your understanding, and that your student will abide by the rules and regulations of our team, school, and league.**

Please initial
here.

Students will be expected to behave professionally and abide by all tournament rules and regulations, as well as the Randolph Code of Conduct. Students may be recorded by tournament staff to ensure the safety of all (with recordings being stored securely and then destroyed when no longer needed). Students must also understand that their behavior in and outside of a virtual setting is a reflection of both Randolph High School and the Randolph Speech and Debate team. By signing this form, you certify that your child is able to use these online resources to assist with social distancing and still participate in the 2020-2021 season, and will follow the Code of Conduct for the High School and for the team.

Students should also understand that they may face expulsion from the Randolph Speech and Debate team and/or consequences from Randolph High School if they fail to follow the respective Codes of Conduct or behave inappropriately in the virtual (or physical) setting.

In addition, **if** students are able to meet in person at any point during the year, all students will be **required** to observe social distancing guidelines and wear appropriate masks and/or facial coverings. Students will be asked to sanitize tables, desks, or materials that they use and will be asked to wash their hands on a regular basis.

By signing this form, both you and your student are aware of the expectations of both a virtual and physical setting.

Parent/Guardian Name 1

Parent/Guardian Signature 1

Date

Parent/Guardian Name 2

Parent/Guardian Signature 2

Date

Randolph Speech & Debate

COVID-19 Safety

While most, if not all, of our season will happen virtually, there **may** be some opportunity for in-person or physical gatherings **if** health conditions and school regulations allow.

I am the parent/guardian of _____.

In addition to the safety measures adopted by NJ and RHS (i.e., appropriate face coverings, social distancing, and sanitizing), students and families should be monitoring their health. If **in-person activities are allowed**, I also hereby represent that I will check the temperature of the above named student prior to their participation in Speech and Debate meetings, tournaments, or other activities. Further, I will evaluate the above named student for the following symptoms of COVID-19, based on the Centers for Disease Control and Prevention (“CDC”) guidance:

- A fever of 100° F or greater
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If any of these symptoms are present OR has been in close contact with someone who has tested positive for COVID-19, and the above student has been in contact with other members of the team or league(s) (through team practices or tournaments), I certify that I will contact Ms. Burke or Ms. Sanchez-Gonzalez with that information to allow for contact tracing. If any of these symptoms are present, and the above student has NOT been in contact with other members of the team or league(s), I certify that I will contact Ms. Burke or Ms. Sanchez-Gonzalez and keep my student home from team practices, tournaments, or other events.

Parent/Guardian Name 1

Parent/Guardian Signature 1

Date

Parent/Guardian Name 2

Parent/Guardian Signature 2

Date

Randolph Speech & Debate Release and Indemnification Agreement Covering Personal Injury, Death, and Property Damage

We/I the undersigned, are/am the parent/guardian of a member of the Randolph Speech & Debate team desiring to participate in national speech & debate tournaments in the **2021-2022** school year (**Yale, Harvard, Nationals/Grand Nationals, and any additionally added national tournament trips**). I am executing this Release and Indemnification Agreement in order to induce the Randolph Township Board of Education, Randolph High School, and/or the Randolph High School Forensics Boosters Association to sponsor these trips and competitions and to permit the undersigned student to participate in these trips and competitions.

I am aware that these speech and debate tournaments can and will involve travel by coach bus, air, train, public transit, and/or private cars and that any such travel may take place in and involve hazardous conditions. We/I understand that during the trips, the activities will be monitored by the coach(es) of Randolph Speech & Debate and any chaperones, but the supervision will not be direct and continuous for 24 hours each day. I understand the students will be unsupervised at times each day.

I hereby release the Randolph Township Board of Education and its agents and employees including without limitation, any parent/teacher/chaperone (herinafter collectively the "Board"), from, and agree to indemnify and hold the Board harmless with respect to all claims arising out of the child's participation in these trips for the personal injury or death of my child. I also release the Board from, and agree to indemnify and hold it harmless with respect to all claims arising out of my child's participation in these trips for damage to the property of my child or the property of others as a result of the acts of my child.

I also hereby release the Randolph High School Forensics Boosters Association and its agents including without limitation, any parent/teacher/chaperone (herinafter collectively the "Boosters"), from, and agree to indemnify and hold the Boosters harmless with respect to all claims arising out of the child's participation in these trips for the personal injury or death of my child. I also release the Boosters from, and agree to indemnify and hold it harmless with respect to all claims arising out of my child's participation in these trips for damage to the property of my child or the property of others as a result of the acts of my child.

My child is aware that the speech & debate team coaches and any chaperones will be in charge of the students and the students must follow their directions. We understand and agree that Randolph High School, the Randolph Township Board of Education, the Randolph High School Forensics Boosters Association, the individual chaperones, or individuals connected with these trips in any respect are hereby released from any and all claims and do further agree that the school, the Board of Education, and such persons shall not be liable for any injuries or expenses whatever. We agree to indemnify and hold harmless the school and the above persons from any claims, damages, or expenses in the event that suit is commenced by or on behalf of my child or children.

I further agree to pay any responsible attorney's fees and costs of litigation should any lawsuit against the Board of Education or the Randolph High School Forensics Boosters Association result from my child's participation in these trips.

Parent/Guardian Name 1

Parent/Guardian Signature 1

Date

Parent/Guardian Name 2

Parent/Guardian Signature 2

Date

Randolph Speech & Debate Medical Forms

Due to the possibility that a medical emergency may occur at a local or national tournament, the following forms should be completed. **here is an option to allow Randolph employees to act as healthcare proxies, or to authorize self-administration of medication.**
Please do not fill out both sections.

REQUIRED: Consent to Emergency Medical Treatment

Should emergency medical treatment be necessary, I grant permission for my child/ward, _____, to receive such treatment and will bear any ensuing costs.

Parent/Guardian Name

Parent/Guardian Signature

Date



Option 1: Consent for Healthcare Proxy

I authorize and agree to appoint Randolph High School-employed advisors/coaches/chaperones as health care proxy and surrogate to provide emergency, medical and/or surgical services to my child/ward, _____, while attending sanctioned Speech & Debate Team events.

I have listed below all life-sustaining/emergency medication that my student will be carrying on this trip. I understand that the use and timing of this medication is not the responsibility of advisors. I have also, according to district regulations, provided the RHS nurse's office with an update medical care plan, if necessary. Failure to do so will bar my student from attending this trip.

Parent/Guardian Name

Parent/Guardian Signature

Date

OR



Option 2: Consent for Self-Administration

TO BE COMPLETED BY PARENT:

We, the parents/guardians of _____, authorize him/her to self-administer the below medication as set forth in the accompanying form. We have provided doctor's orders, which state that our child is in need of this medication and that our child has been instructed in the proper method of self-administration of the medication and has the capacity to administer the medication him/herself.

We hereby release the Randolph Board of Education, collectively and individually, its agents, employees and volunteers (hereinafter referred to as "District") for any and all liability which may arise as a result of any injury arising from the self-administration of the medication by our child. Furthermore, we agree to indemnify, defend and hold harmless the District from any claims arising from administration of medication by our child.

We acknowledge that we have read and understood the conditions for self-administration of medication by our child. We have explained to our child the requirements of the self-administration policy and that the privilege may be revoked by the District if our child fails to comply with proper methods of self-administration or the provisions of this policy.

Parent/Guardian Name

Parent/Guardian Signature

Date

TO BE COMPLETED BY PHYSICIAN:

Medication to be taken		Dosage and frequency	
Diagnosis for which medication is given		If prescribed "when needed," describe indications and when it can be repeated	
Possible side effects/precautions		Time frame of prescription	

Any other relevant information:

I certify that this student has been appropriately instructed in and can self-administer the needed prescribed over the counter medicine and/or prescription medicine.

Physician's Name

Physician's Signature/Stamp

Date