

Odyssey of the Mind

Student's Name: _____ Grade _____

Student's Homeroom: _____

I give permission for my child to join an Odyssey of the Mind team and to participate in the Odyssey of the Mind program. I understand that my child must be available to participate in the Tournaments on Saturday in March. If the team wins and advances to the State Tournament, my child will need to be available the first Saturday in April. Each team needs to supply 1 judge and 2 volunteers from you, the parents for the tournaments.

I will:

- Attend the Awareness Session on September 8 in the cafeteria to learn more.
- I will Coach or Co-coach a team and would like to attend the Coaches Training
- I will help by supervising practice sessions.
- I would be a judge on the day of the tournament (training is provided/required)
- I will volunteer at the tournaments

Parent's Name: _____

Parent's Phone Number: _____

Parent's Email: _____