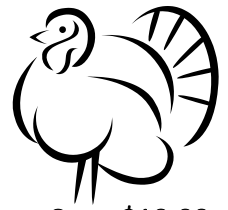


First Timers COMPETITION! Saturday, November 3rd



When: Saturday, November 2nd, 2019, 8:00am – 2:00pm

Where: Omaha BURKE High School

Why: To compete against other first time DECA members to prepare for STATE

What: One role-play event and one event/category test Medals and certificate awards for top 8

Cost: \$10.00

Due: 10/21/19

Professional Business Attire required

NAME _____ Teacher _____ Block _____

Payment Method (please circle): Check # _____ Cash Fundraising

Choose either ONE individual event to compete in...

- BSM Business Services
- RMS Retail Merchandising
- QSRM..... Quick Serve Restaurant Management

...OR choose ONE team decision making (TDM) event:

- ETDM Entrepreneurship
- HTDM Hospitality Services
- STDM Sports & Entertainment Marketing

Teammate's name:

*lunch will be provided

PARENTAL PERMISSION AND RELEASE OF LIABILITY

Omaha Public Schools

This form must be completed (please print) and signed as a necessary prerequisite for participation in the below named activity.

We the undersigned, as parent(s) and guardian(s) of _____
(Student's name)

do hereby give permission for _____ to engage in the following activity.
(Student's first name)

Nebraska DECA's First Timers Competition on Saturday, November 2, 2019, from 8:00am-2:00pm.

Cost: \$10.00

Mode of transportation: Transportation to Burke High School is the responsibility of the student.

**In case parent or guardian cannot be reached in time of emergency contact:*

(Name of third party)

(phone No.)

We fully understand the nature of the activity(s) described above and the risk of injury or loss of property associated with that activity. The signing of this permission slip releases the school district and its employees from any claims made by the child or on behalf of the child should injury or loss of property occur as a result of his/her participation, except when either the school district or its employees are found negligent in the performance of responsibilities associated with the activity.

We acknowledge that we have read this **Permission and Release form** and fully understand its contents and the consequences of signing this form.

(Father)

(Guardian)

Home phone No./Business Phone No.

(Month) (Day) (Year)

(Mother)

(Guardian)

Home phone No./Business Phone No.