



**WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION**

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wiaa.com

**WIAA/WSFA Participating School Forensic Tournament Joint Supervision Agreement**

The following two schools have agreed that for the \_\_\_\_\_ Tournament  
NAME OF TOURNAMENT

held at \_\_\_\_\_ that coach/supervisor \_\_\_\_\_  
CITY/STATE NAME OF COACH

from \_\_\_\_\_ will supervise the following students for coach/supervisor  
NAME OF SCHOOL

\_\_\_\_\_ from \_\_\_\_\_ from dates \_\_\_\_\_  
NAME OF COACH NAME OF SCHOOL

to \_\_\_\_\_.

Students to be supervised:

- |          |           |
|----------|-----------|
| 1. _____ | 2. _____  |
| 3. _____ | 4. _____  |
| 5. _____ | 6. _____  |
| 7. _____ | 8. _____  |
| 9. _____ | 10. _____ |

It is agreed by the schools that a medical/discipline form for each student will be given to the supervising coach and that coach will be the certified supervisor with complete control of discipline decisions for this tournament.

Signed \_\_\_\_\_ School \_\_\_\_\_  
PRINCIPAL REQUESTING SCHOOL

Signed \_\_\_\_\_ Date \_\_\_\_\_  
COACH REQUESTING SCHOOL

Signed \_\_\_\_\_ School \_\_\_\_\_  
PRINCIPAL SUPERVISING SCHOOL

Signed \_\_\_\_\_ Date \_\_\_\_\_  
COACH SUPERVISING SCHOOL