



WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION

435 Main Avenue South, Renton, WA 98057

(425) 687-8585

Fax: (425) 687-9476

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