

**BALTIMORE  
URBAN  
DEBATE  
LEAGUE**

VOICE · PURPOSE · POWER

## Student Information Form

Name (please print): \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell/alternate #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth:     /     /     Student ID/SASI: \_\_\_\_\_

Gender:  M    F

Race:  African-American    Caucasian/White    Native American  
 Hispanic    Asian    Hawaiian/Pacific Islander    Other

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian phone number: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

I give permission for the League to use photos or video of my child for the Baltimore Urban Debate League publicity.  YES    NO     Sign here: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Grade started debating: \_\_\_\_\_ High School graduation year: \_\_\_\_\_