

JUNIOR HIGH KNOWLEDGE BOWL® TEAM ROSTER

Prepare one sheet per team, have students sign the bottom part, and bring form to the sub-regional event.

| Date of Event: | | Site: |
|------------------------------|--------------|---|
| Name of District: | | |
| Advisor(s): | | |
| TEAM # or Name: | | _(need only if more than one team from your district) |
| | | |
| Team Members: (please print) | <u>Grade</u> | |

| 1 | 4 | | |
|---|-------|-----------|--|
| 2 | 5 | | |
| 3 | | | |
| | | Alternate | |

Minnesota Service Cooperative KNOWLEDGE BOWL[®] Code of Conduct

- As a student participating in the Minnesota Service Cooperative KNOW LEDGE BOW L[®] competition, I understand and accept the following responsibilities when participating in all events:
- I will respect the rights and beliefs of others and will treat others with courtesy and consideration.
 - ✓ I will be fully responsible for my actions and the consequences of those actions.
 - ✓ I will respect the property of others.
 - ✓ I will respect and obey the rules of my school, the host site and the laws of my community, state and country.
 - ✓ I will abide by the rules of the event.
 - ✓ I will show respect for and abide by the decisions of the competition officials and host site personnel.
 - By signing this, we acknowledge that we have read and agree to the above statements.
- We understand that failure to adhere to this Code of Conduct may result in the disqualification of the student and/or team from further participation in any event.

| Student's Signature | | |
|---------------------|--|--|
| Student's Signature | | |
| | | |
| Student's Signature | | |



Student's Signature