

New York City Math Team Practice Sessions
Parental Consent Form

Organization: **New York City Math Team**

Session dates: Starts Friday 10/24/2014. **Other dates at www.nycmathteam.org/practices.**

Times: **5:00 PM – 7:00 PM**

Location: New York University, Courant Institute, 251 Mercer St, New York, NY 10012.

Purpose: **Practice for NYC Math Team competitions**

Contact Email: admin@nycmathteam.org; phone number for Eliza Kuberska: 917-280-2589.

The NYC Math Team is organizing practices for all interested high school level students in NYC. Students will be given the opportunity to explore challenging problems, apply existing knowledge in new situations, and learn as well as create interesting mathematics. Some students will get to represent NYC at state and national math competitions. The NYC Math Team will practice approximately once per month. Please note that all travel to and from practices will be unsupervised. Students will interact with peers from other schools. Participation in NYC Math Team is strictly voluntary.

I, _____, the parent / guardian of the student named below, hereby give my permission for my child to take part in the activity described above. I understand that the following conditions apply:

1. I am responsible for getting my child to and from the site identified above. I understand that my child shall otherwise be **unaccompanied** while traveling to and from the destination site.
2. I understand that my child is expected to behave responsibly at all times.
3. I agree that in the event of an emergency, injury or illness, the staff member(s) in charge of the NYC Math Team activities will use the emergency numbers provided to contact me, and may act on my behalf and at my expense in obtaining medical treatment for my child.
4. Additionally I understand that if a serious violation occurs during a NYC Math Team activity, it is within New York City Team's discretion to send my child home from the activity, after informing me.
5. I agree and understand that I am responsible for the actions of my child, and I release the New York City Math Team from all claims and liabilities that arise in connection with this activity.

Please have your child bring this **signed** form to the first NYC Math Team practice on Friday, October 24th, 2014, or scan and email the signed form to NYC Math Team staff at admin@nycmathteam.org. This form is required to participate in practices.

STUDENT NAME (please print clearly): _____

PARENT/GUARDIAN NAME (please print clearly): _____

In an emergency, I can be reached at: _____ Phone Number: (____) _____

Alternate Contact Name: _____ Relationship: _____

Phone Number: (____) _____

(Signature of Parent / Guardian)

(Date)