

New York City Math Team Trip
Parental Consent Form

Organization: **New York City Math Team**

Trip Date: **April 25th, 2015**

Destination: NYSML, Syosset High School, 70 Southwoods Road, Syosset, NY 11791

Time: **6:30am / 7am on Saturday 4/25 to
6pm / 5:30pm on Saturday 4/25**

Purpose of Trip: **Participate in a Mathematics Competition**

Contact Number for Eliza Kuberska on April 25, 2015: **(917) 280-2589**

On April 25th, 2015, the New York City Math Team is organizing a trip to Syosset High School, NY. Students will be given the opportunity to participate in the New York State Math League Mathematics Competition. Please note:

- 1) The team will meet at one of the following locations and times:
6:30am in Manhattan: NYU 251 Mercer St, NY 10012
or
7:00am in Queens: Prince St and Roosevelt Ave
- 2) The team will return to New York City via bus on Saturday (4/25) and arrive at their respective morning departure location at approximately 6pm to Manhattan / 5:30pm to Queens.

Note that students will be unaccompanied to and from their chosen departure location on Saturday 4/25.

Parents can opt to make other arrangements for their child to arrive and depart Syosset High School **unaccompanied by the team**, on April 25th, 2015 by 8:30 am. See below.

Students should bring with them the following items: snacks for the bus, layered clothing, math team t-shirt. Lunch on Saturday 4/25 will be provided.

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

1. I am responsible for getting my child to and from the location departure at the times indicated above. I understand that my child shall otherwise be **unaccompanied** while traveling from home to the departure location, and from the departure location to home.
2. I understand that my child is expected to behave responsibly at all times and follow the usual school's discipline code and policies.
3. I agree that in the event of an emergency, injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child, after making a reasonable attempt to contact me.
4. I understand that it is within the NYC Math Team's discretion to change travel, accommodations and other arrangements as it deems necessary. I will be informed of such changes as soon as possible.
5. I understand that in arranging for my child's travel the NYC Math Team selected buses and other services whose performance and service cannot be controlled by the school. Consequently the NYC Math Team is not responsible for the actions of these commercial entities.
6. Additionally I understand that if a serious violation occurs while on the trip, it is within New York City Math Team's discretion to send my child home from the trip, after informing me.
7. I confirm that my child is medically fit and able to participate in the trip described above. I have indicated below specific activities in which my child may **not** participate:

8. I understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and

my child will be informed of this decision as soon as possible upon the receipt by the school of this completed consent form.

9. I have indicated below any permanent or temporary medical or other condition(s) including special dietary and medication needs which should be known about my child:

10. I agree and understand that I am responsible for the actions of my child, and I release the New York City Math Team staff members from all claims and liabilities that arise in connection with the trip.

Please **sign, date**, scan and **email** this form to NYC Math Team at info@nycmathteam.org by Friday, April 17th , 2015. Without this consent form, students will not be permitted to accompany us on this trip.

STUDENT NAME (please print clearly): _____

PARENT/GUARDIAN NAME (please print clearly): _____

In an emergency, on April 25th, 2015, I can be reached at:

Phone Number: (____) _____

Alternate Contact: Name _____ Phone Number: (____) _____

(Signature of Parent / Guardian)

SELECT DEPARTURE LOCATION:

(check one of the following three options)

Option 1: **Manhattan:** _____
(NYU, 251 Mercer Street, New York NY 10021)

Option 2: **Queens:** _____
(Prince St. and Roosevelt Ave)

Option 3: **Unaccompanied:** _____

My child will travel unaccompanied by the New York City Math team **to** and **from** Syosset High School. He/she will meet the NYC Math Team at the above location at 8:30 am.

STUDENT DECLARATION

I have read the Parent Notification / Consent Form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school. I understand that alcoholic beverages and/or illegal drugs of any and all kinds are strictly prohibited and that if I am found in possession of these substances, I will be subject to school disciplinary procedures and possible prosecution.

(Signature of Student)

(Date)

STUDENT cell phone number for duration of trip
(In case of emergencies)