



New York City Department Of Education
New Explorations into Science Technology + Math
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Dr. O. Livanis, Principal

Parental Consent Form for NYCIML Awards Ceremony 2014 - 2015

Organization: **New York City Interscholastic Mathematics League (NYCIML)**

Date: **Friday, June 5th, 2015**

Time: **4 PM to 6 PM**

Location: **Google New York, 76 9th Avenue, New York, NY 10011**

Purpose: **NYCIML Award Ceremony 2014-2015**

NYCIML is hosting an award ceremony at Google New York on Friday, June 5th from 4 PM to 6 PM. Your child has been invited to this ceremony. Please note that all travel to and from practices will be unsupervised. Please provide your child lunch/dinner money as there will be light refreshments served at the event.

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 ceremony 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 the tournament, it is within NYCIML's discretion to send my child home from the tournament, after informing me.
5. I agree and understand that I am responsible for the actions of my child, and I release the NEST+m and NYCIML from all claims and liabilities that arise in connection with this activity.

Please have your child bring this signed form to Ms. Lee in room 361 by Wednesday, April 15th, 2015. This form is required in order to participate in the tournament.

STUDENT NAME (Please print clearly): _____

PARENT/GUARDIAN NAME (Please print clearly): _____

If there is an emergency, I can be reached at _____ (Phone Number).

Alternate Contact Name: _____

Relationship: _____ Phone Number: _____

(Signature of Parent/Guardian)

(Date)