



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

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Parental Consent Form for Master Minds Competition at Bronx High School of Science

Organization: **Master Minds**

Date: **Saturday, March 21<sup>st</sup>, 2015**

Time: **9:30 AM to 2 PM**

Location: **Bronx High School of Science, 75 West 205<sup>th</sup> Street**

Purpose: **Math Competition**

Master Minds is hosting a math tournament at Bronx High School of Science. Six chosen students will represent New Explorations into Science, Technology, and Math (NEST+m). Please note that all travel to and from practices will be unsupervised.

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 tournament 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 Master Mind'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 Master Minds 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 Thursday, February 12<sup>th</sup>, 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: \_\_\_\_\_

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(Signature of Parent/Guardian)

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(Date)