

**Math Majors of America Tournament for High Schools
Parental Consent Form**

Organization: **Math Majors of America Tournament for High Schools (MMATHS)**

Session dates: **Saturday, April 2nd, 2016**

Times: **8:30 AM to 4:15 PM**

Location: **Columbia University**

Purpose: **Compete in the MMATHS competition**

Contact Email: **Ms. Lee at alee0143@gmail.com and Mr. Baum at baum1286@gmail.com**

Agenda:

A tentative schedule for MMATHS is posted below. Any further updates will be posted on mmaths.org.

8:30 - 9:00 Registration

9:00 - 9:15 Opening Ceremony

9:30 - 10:45 Individual Test

11:15 - 12:30 Mixer (and Individual Tiebreakers)

12:30 - 1:15 Lunch

1:15 - 1:45 Guest Lecture by [Daniel Spielman](#)

2:00 - 3:15 Mathathon

3:45 - 4:15 Award Ceremonies

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 HMMT competition 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 competition, it is within Ms. Lee's/Mr. Baum'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 NEST+m – Ms. Lee and Mr. Baum from all claims and liabilities that arise in connection with this competition.

Please have your child bring this **signed** form to Ms. Lee by Wednesday, February 10th, 2016, or scan **and** email the signed form to Ms. Lee at alee0143@gmail.com. This form is required to participate in the HMMT competition.

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)