

PTSA Enrichment Program
Student Registration Form

Program: Math Olympiads 6th grade

Session Date(s): Fridays mornings 10/28 to late April Time(s): 8:00-8:50

Fee: \$20 Please make checks payable to: Carl Sandburg PTSA
(No credit cards accepted) _____

Special Requirements / Restrictions: _____

Additional Information: Math Olympiads is a program for those students who want exposure to advanced mathematics. It is only offered for 6th graders. Class will meet in Mrs. Cheatum's classroom.

****please register by Friday October 21st, 2011**

Program Contact: Name: Adra Davy and Ken McCumber
Phone(s): 206-396-0444, 425-516-9885
Email : Adradavy@comcast.net or Kenmccumber@allscripts.com

Your Registration Fee:

- Must be paid before a class starts.
- Cannot be prorated.
- Is not transferable.
- Is not refundable once a program has begun.
- Any fees associated with returned checks are the sole responsibility of the check writer.
- Problems with your payment may affect your eligibility for future programs.

--Please fill out the back of this form and return it with your payment.--

Program: Math Olympiads 6th grade

Student Name: _____

Grade: _____ Teacher: _____

Parents Name: _____

Phone(s): _____ Email: _____

Which dates are you able to help with this program? N/A

Student Allergies or Conditions that would affect their experience? _____

Who will be picking up your child? _____ Phone: _____

Emergency contact: _____ Phone: _____

Hold Harmless Agreement

I give permission for my child to participate in this Carl Sandburg PTSA Enrichment program. In consideration of this opportunity and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless Carl Sandburg Elementary, it's staff, the PTSA Board, the instructors, and volunteers associated with this activity. None of the aforementioned persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of these activities. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be reached, I do hereby authorize emergency medical treatment to be administered. Medical expenses incurred are also my responsibility.

Student Agreement

I agree to uphold all the rules already in place at Carl Sandburg Elementary while I am participating in this extra curricular activity. I will remember and use all of the life skills that I have learned. I understand that this also applies to the time I am waiting for class to start and while I am waiting to be picked up after class.

Parent Agreement

- I will pick up my child on time from this activity. I understand that the school is closed when this activity ends for the day. I also understand that chronic tardiness in picking up my child can lead to the ineligibility to participate in future programs.
- I will let the school know if my child is going to miss a day of this program. The school's phone number is 425.823.8670.
- I will support this program by giving my time (when available, and if eligible) to the program.

Parent Signature

Date

Student Signature

Date

Check #/Cash _____ Amt _____ Date Rec'd _____ PTSA Initials _____