

WSU Math Circle Registration Form

Participant (child): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Participant resides with: Both Parents / Mother / Father / Other: _____

School participant now attends _____ Grade: _____

Mother/Guardian: _____ Phone: _____

Present Address: _____

Email: _____ Cell Phone: _____

Father/Guardian: _____ Phone: _____

Present Address: _____

Email: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Relation: _____

Email: _____ Cell Phone: _____

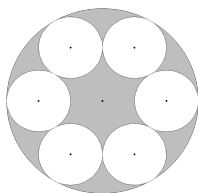
Please describe any health conditions that may require accommodation or any allergies: _____

List any math classes or activities (afterschool clubs, camps, etc.) participated in the last two years:

How did you hear about Math Circle? _____

What to bring: pencil or pen and binder with paper.

Parent/Guardian Signature: _____ **Date:** _____



WSU Math Circle

RELEASE, PHOTO CONSENT, AND MEDICAL AUTHORIZATION

I understand and acknowledge that my child, _____, is not required to participate in the WSU Math Circle and my child's participation is wholly voluntary, and that there may be certain risks, known or unknown, associated with participation in the WSU Math Circle. I further understand and acknowledge that COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. I further understand and acknowledge that contact with others or contact with surfaces that have been exposed to COVID-19, can lead to infection, and individuals who may have been infected with COVID-19 may be asymptomatic. I understand and acknowledge the inherent risks of exposure at Wichita State University ("WSU") to those who may be infected with COVID-19, especially for those who have underlying medical conditions. I voluntarily assume the risk that I or my child could be exposed to or infected by COVID-19 by participating in the WSU Math Circle and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death.

In consideration of the opportunity for my child to participate in the WSU Math Circle and with full and complete understanding of the consequences of my decision, including without limitation to the risks described herein, I agree to release, hold harmless, and indemnify WSU, its employees, students, agents, officers, and representatives, from any and all claims for injuries and damages, including claims of negligence, that may arise for any reason as a result or in relation to my child's participation in the WSU Math Circle.

I understand that in case of a medical emergency, efforts will be made to contact the person identified as the Emergency Contact on the Registration Form. However, I agree that WSU officials may authorize emergency medical procedures for my child should WSU be unable to contact me and should medical personnel recommend immediate action.

I understand that if my child misbehaves or becomes disruptive, I will be called to pick up my child. Appropriate behavior is left to the discretion of the WSU Math Circle instructors. I understand that WSU reserves the right to terminate my child participation in the WSU Math Circle at any time.

I hereby grant permission to WSU to take photographs or videos of my child while participating in the WSU Math Circle and to use any such photographs or video, without charge or fee, for publicity or other legitimate purpose relating to the mission of WSU, including publicity or promotion of the WSU Math Circle in social media.

I represent that I have carefully read this document and that my agreement to and acceptance of the provisions herein is wholly voluntary, and further understand that prior to my signing and acceptance of this agreement, I have the option of consulting with an advisor, counselor, or attorney of my choice.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name (Please print): _____

Student Signature: _____
(If 18 years or older)

Date: _____