

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: _____

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,