

# 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,