

Girls' Angle: A Math Club for Girls

Math Contest Prep Registration

Registrant's Name: (last) _____ (first) _____ **Grade:** _____

Registering For: Summer Fall Spring Academic Year **Girls' Angle member?** Y N

Parents/Guardians: _____

Address: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

Emergency contact name and number: _____

Medical Information: Are there any medical issues or conditions, such as allergies, that you'd like us to know about?

Photography Release: Occasionally, photos and videos are taken to document and publicize our program in all media forms. We will not print or use your daughter's name in any way. Do we have permission to use your daughter's image for these purposes? **Yes No**

Eligibility: Math Contest Prep targets girls who already enjoy solving math contest problems. During the Academic year, the class will be pitched toward girls in high school. During the summer, the class will be pitched to girls in grades 7-9. Exceptions are possible. Please inquire. Although we will work hard to include every girl no matter her needs and to communicate with you any issues that may arise, Girls' Angle has the discretion to dismiss any girl whose actions are disruptive to club activities.

Permission: I give my daughter permission to participate in Girls' Angle Math Contest Prep. I have read and understand everything on this registration form.

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

Dear Registrant, please read and indicate your agreement by signing below: *I enjoy solving math contest problems and look forward to Math Contest Prep!*

Membership-Applicant Signature: _____

If you're a Microsoft affiliate, please indicate the nature of your connection to Microsoft here:

Enclosed is a check for (indicate one)

- \$495 for the summer session of Math Contest Prep
- \$800 for a one semester (fall or spring) of Math Contest Prep
- \$720 for a one semester (fall or spring) of Math Contest Prep/member or MSFT affiliate
- \$1500 for both semesters of Math Contest Prep
- \$1350 for both semesters of Math Contest Prep/member or MSFT affiliate

Please make check payable to: **Girls' Angle**. Mail to: Girls' Angle, P.O. Box 410038, Cambridge, MA 02141-0038. Please notify us of your application by sending email to girlsangle@gmail.com. Also, please sign and return the Liability Waiver or bring it with you to the first class.

**Girls' Angle: A Math Club for Girls
Liability Waiver**

I, the undersigned parent or guardian of the following minor(s)

_____ ,
do hereby consent to my child(ren)'s participation in Girls' Angle and do forever and irrevocably release Girls' Angle and its directors, officers, employees, agents, and volunteers (collectively the "Releasees") from any and all liability, and waive any and all claims, for injury, loss or damage, including attorney's fees, in any way connected with or arising out of my child(ren)'s participation in Girls' Angle, whether or not caused by my child(ren)'s negligence or by any act or omission of Girls' Angle or any of the Releasees. I forever release, acquit, discharge and covenant to hold harmless the Releasees from any and all causes of action and claims on account of, or in any way growing out of, directly or indirectly, my minor child(ren)'s participation in Girls' Angle, including all foreseeable and unforeseeable personal injuries or property damage, further including all claims or rights of action for damages which my minor child(ren) may acquire, either before or after he or she has reached his or her majority, resulting from or connected with his or her participation in Girls' Angle. I agree to indemnify and to hold harmless the Releasees from all claims (in other words, to reimburse the Releasees and to be responsible) for liability, injury, loss, damage or expense, including attorneys' fees (including the cost of defending any claim my child might make, or that might be made on my child(ren)'s behalf, that is released or waived by this paragraph), in any way connected with or arising out of my child(ren)'s participation in the Program.

Signature of applicant/parent: _____ Date: _____

Print name of applicant/parent: _____

Print name(s) of child(ren) in program: _____



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