

Maverick Math Registration Form

_____ I have thoroughly reviewed the information describing the Maverick Math Program. I understand that the work sheets will not be accepted after 8:30 am and that once turned in, the answers can not be changed.

_____ I understand that this program is sponsored by the PTA and I will address any comments, questions, concerns I have about the program to the Maverick Math Chair person via the Maverick Math Appeal Form. I will not go to any teachers or staff of Independence Elementary.

_____ I understand that my role in Maverick Math is to encourage and facilitate problem solving. I can offer assistance and guide my child towards certain strategies, but I WILL NOT GIVE THEM THE ANSWERS.

_____ I agree that if my child earns any awards from Maverick Math that I do not hold Independence Elementary PTA liable for any injuries my child may incur while participating or attending in the award activity.

_____ I give permission for my child's scores and participation to be posted on the "Maverick Math Wall of Fame".

Please initial each statement, sign and return to Maverick Math box.

(Student's Name)

(Parent's Signature)

(Teacher's Name)

(Grade Level)

(Date)