

# 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 cannot 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)