

2022-2023 OFFLINE PARENT/ GUARDIAN PERMISSION FORM



TEAM ADVISOR: Please give this Offline Parent/Guardian Permission Form to the parent/guardian whose name you provided during your online registration. If you need to update team information, you can access your dashboard by logging in at www.mathcounts.org/dashboard and make any necessary changes online. *Do not give this form to any parents/guardians who have completed or will complete the online permission form.*

PARENT/GUARDIAN: As soon as possible, please complete this Offline Parent/Guardian Permission Form and email it to info@mathcounts.org or mail it to MATHCOUNTS – Math Video Challenge Registrations, 1420 King Street, Alexandria, VA 22314. *Your child cannot participate in the Math Video Challenge without your permission.*

TEAM INFORMATION: (*required information)

! *If your child is participating in more than one Math Video Challenge team, please write the names of all teams and team advisors on this form.*

Team Advisor First & Last Name* _____

Team Name* _____

STUDENT INFORMATION: (*required information)

! *If you have more than one child participating in the Math Video Challenge this year, you must complete a separate permission form for each child.*

First & Last Name* _____

Grade Level (circle or check one)* 6 7 8 Gender (circle or check one)* Male Female Other
Prefer not to answer

Ethnicity (circle or check one)*

White Hispanic, Latino or Spanish Origin Black or African American Asian American Indian or Alaskan Native Middle Eastern or North African Native Hawaiian or Pacific Islander Multiple Categories or Other Prefer not to answer

Does the student have at least one parent/guardian who is currently enlisted and on active duty in the military/armed forces or in the national guard or reserves?* Yes No Prefer not to answer

Name of Student's Official School of Record* _____

School City* _____ School State* _____

PARENT/GUARDIAN INFORMATION: (*required information)

First & Last Name* _____

Email Address* _____

By signing below I attest I am the parent/guardian of the above-mentioned minor and give permission for my child to participate in the Math Video Challenge. My child and I agree to be bound by the Official Rules + Terms of Participation.

A copy of the Official Rules + Terms of Participation can be found at www.mathcounts.org/mvcrules or can be requested by emailing info@mathcounts.org or by mailing a self-addressed stamped envelope to: MATHCOUNTS – Math Video Challenge Rules, 1420 King Street, Alexandria, VA 22314. Please direct any questions to MATHCOUNTS at info@mathcounts.org.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date