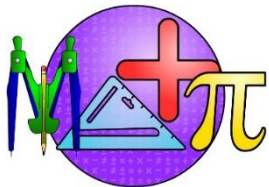


Math Olympiad for 2019-2020



Are you in the fourth or fifth grade? Do you have a **passion** for math?
Would your math teacher say you love problem solving?
Would you love to be really challenged every day?
Join Mr. Hunt, Mr. Gaffny, Mrs. Fullam and Mrs. Pineault

Tuesday mornings from 8:00AM-8:45AM

Who: Four fourth and fifth grade teams (20-25 students per team)

When: 20 sessions October-March

Cost: \$75.00 (Checks made out to West Elementary School)

****First Class Is Tuesday, October 8th****

Both forms and payment should be returned to the office by **Wednesday, September 25th.**

Olympiad usually fills up the first day and then we form a wait list. Preference will be given to former Math Olympiads. Any questions e-mail steven.hunt@andoverma.us or 978-247-5300.

Parent Consent for Extracurricular Activities and Medical Authorization

Your child is invited to participate in our extracurricular activity program. It is understood that "extracurricular" refers to those activities taking place before or after school. These programs may include but are not limited to interscholastic sports, intramural sports, and clubs. Participation in these activities is voluntary, but you must give permission before your child can participate. Your signature below grants your permission.

Your child will be supervised by teachers, coaches, and/or volunteer leaders. Every program has certain unavoidable risks attached to it. We cannot enumerate every risk, but we believe that you are generally familiar with these activities and your child; therefore, you are in the best position to decide whether your child should participate. The School Department and principal have approved these activities, but we cannot and do not guarantee that there will be no injuries or damages as a result of participation. Given the nature of some activities an additional consent form may be required.

By signing this form, you agree that your child may participate in extracurricular activities. By signing this form, you also agree to release the Town of Andover, its School Department, elected officials, employees, and volunteer supervisors from any and all damages, as the result of death and/or injuries of any kind you and your child might suffer as a result of participating in any of these activities, except for those that result from gross negligence or wanton and willful misconduct. This agreement to release does not apply to any independent contractor.

Should it be necessary for your child to have medical treatment while participating in an activity and a parent cannot be reached, your signature gives the school district personnel permission to use their judgment in obtaining medical service for the child and gives permission to the physician to render medical treatment deemed necessary and appropriate. You should understand that the school district has no insurance covering such medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

This is a legal document and you are free to obtain a lawyer's advice at your own expense before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this permission and release are void

----- **Please return this portion to School** -----

Event: Math Olympiad 2019/2020 Were you on a Math Olympiad team last year? _____

Student's Name: _____ Teacher: _____

Parent/Guardian Signature*: _____

Address: _____ Email _____

Telephone #s: Home - _____ Cell - _____ * _____ Work - _____