

Greater Miami Valley Math Circle Membership Application Form

For membership fees, please make a check for \$40 payable to the
Greater Miami Valley Math Circle.

Student Name: _____
(Last Name) (First Name) (Middle Initial)

Home Address: _____
(Street Address) (City, State, Zip)

Home Phone Number: (____) _____

Date of Birth: ____/____/____ Age: ____ Gender: ____ Math Grade: ____
(mm/dd/yyyy)

Current School: _____ Current School Grade: ____

School Address: _____
(City, State, Zip)

Email Address: _____

- Photography Consent

I understand that the student listed above may be photographed while participating in Miami Valley Math Circle activities. I understand that these photographs may be used in promoting the Miami Valley Math Circle in print or on the Internet.

Parent/Guardian Signature: _____ Date: _____

- Student Drop Off and Pick Up (students in Grade 6 or below MUST be picked up by their parents, legal guardians, or designated persons listed below)

I give my **Grade 7 or older child** permission to sign themselves in and out each day.

I allow the following person(s) to sign my child in and out each day in my place.

Name (please print): _____ Relationship to Student: _____

Name (please print): _____ Relationship to Student: _____

Name (please print): _____ Relationship to Student: _____

Parent/Guardian Signature: _____ Date: _____