Math Jam Summer Camp 2020
Registration Form

Student Name:______________________________________________________________

Student Gender:        Male      Female      Non-binary      Other        (Circle one)

School Attending Fall 2020:____________________________________________________

Grade in Fall 2020:___ Title of most recent math class:_________________________

Dietary restrictions for lunch/snacks:___________________________________________

Food Allergies:________________________________________________________________

Adult T-Shirt Size:________

Parent/Guardian Name:________________________________________________________

Parent/Guardian Telephone Number:____________________________________________

Parent/Guardian Email Address:_______________________________________________

Emergency Contact Name:____________________________________________________

Emergency Contact Telephone Number:_______________________________________

Anything else we should know?_________________________________________________

Note: We typically take pictures of students participating in activities and create a slideshow to share with students and parents at the end of the week. We appreciate being able to share these activities in this way. To do so, we need a photo consent from parents or guardians. We also have a form regarding permission to treat, walking permission, and liability.

If a sibling is also registering, you may fill out one form with information for each child listed in order for each blank.

-----Send this form, the liability waiver form, and the photo release form with the $65*** registration fee **BY JUNE 1st** to-----

Department of Mathematics
Math Jam Summer Camp
103 Weber
Campus Delivery 1874
Fort Collins, CO 80523-1874

***Or $55 if you are registering before May 1st because of the early-bird discount***

Checks payable to Colorado State University. Applications for need based scholarships available upon request to Justin O’Connor (mathjam@math.colostate.edu)
Permission to Use Photograph

Event: Math Jam Summer Camp 2020

Location: CSU Campus

I grant the Department of Mathematics at Colorado State University the right to take photographs of me in connection with the above-identified event. I authorize the Department of Mathematics its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Department of Mathematics may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, a slide show, or a webpage.

I have read and understand the above:

Signature ________________________________________________________________________

Printed name ____________________________________________________________________

Address __________________________________________________________________________

Date _____________________________________

Signature, parent or guardian ____________________________________________________________________
(if under age 18)

☐ Check here if the Department of Mathematics is NOT allowed to use your photographs in a slide show or webpage.
I, (print name of parent/guardian) ______________________________________ voluntarily give my consent for my child(ren) to participate in Colorado State University’s Math Jam Summer Camp, to participate in all program activities; including all organized activities. I and my child(ren) also agree to follow program code of conduct. The undersigned understands and acknowledges that there are certain hazards and risks associated with my child’s participation in these activities. These risks may result in injury, death or damage to property. I understand and accept such risks and thus waive all claims, demands and causes of action against Colorado State University, State of Colorado, Colorado State University System Board of Governors, officers, employees, agents, volunteers and representatives acting on their behalf.
My child(ren)’s names are: (print name/s)

_____________________________________________________________________

Date _____________ Signature of parent/guardian____________________________

Please check one:

☐ My child may walk to/from CSU Campus ☐ I will check my student in and out each day of camp

I hereby give permission to medical personnel selected by the event directors to provide health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the event director to secure and administer treatment, including hospitalization, for the person named above.

Signed____________________________________ Date_______________