

**THOMPSON SCHOOL DISTRICT R2J
MATH COUNTS
PARTICIPATION PERMISSION FORM**

Date _____

Dear Families:

Your child has requested to participate in Math Counts for the 2013-2014 school year.

Students in grades 6 through 8 will work with one or more coaches at their school to improve math problem solving skills, as well as enhancing their overall math knowledge. They will have practice tests and competitions to get them ready for school, regional, and hopefully, state competition. It should be noted that the top student at state will earn a half-tuition scholarship to DU or the School of Mines. When meeting at the school, students will be supervised by teachers and/or coaches.

Transportation to and from meetings and in-district events is the parent or guardian's responsibility. The District cannot and does not assume any responsibility for the safety of the driver or passengers, training of drivers, condition of vehicles, adequacy for the use or purpose intended or any other matters related to any non-District transportation.

For more information visit www.mathcounts.org or contact Michelle Stout, 613-5057, Gifted and Talented Parent Liaison/Enrichment Program Coordinator or your child's math or GT teacher.

Name(s) and phone numbers of sponsors/coaches (circle appropriate status):

_____	District Staff	Volunteer
_____	District Staff	Volunteer
_____	District Staff	Volunteer

Please complete and return the bottom portion of this letter to the school by: _____

My child, _____, has my permission to participate in Math Counts during the 2013-2014 school year.

Your signature acknowledges that your child is being allowed to participate in Math Counts with the understanding that you accept the risks involved. You agree to indemnify and hold the Thompson School District R2-J, their officers, employees, volunteers, and agents harmless from all loss, costs, damage, injury, liability, claims and causes of action whatsoever, arising out of or related to participation in this field trip/activity. Nothing in this Agreement shall be construed as a waiver by Thompson School District of any rights, immunities, privileges, monetary limitations to judgments, or defenses provided to Thompson School District by the Colorado Governmental Immunity Act, Sec. 24-10-101 et seq., C.R.S., as from time to time amended, or otherwise available to Thompson School District.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Please provide your contact information:

Work/Home: _____ Cell: _____ Other: _____