

Prime Factor Math Circle 2016-2017

Emergency Contact, Medical Information, and Photo Release for Child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Cell Phone	Home Phone	Cell Phone
Email	Email		
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contact

Emergency Contact	Phone number(s)
Address	City, ST ZIP Code

Medical Information

Allergies/Special Health Considerations (If any, complete the "health conditions" section below.)

I authorize all medical treatment for my child in case of emergency. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I release, discharge, and agree to hold harmless Prime Factor, its employees, directors, agents, and affiliates from liability for any injury, loss, or damage arising out of the registrant's participation in Prime Factor activities as long as normal safety procedures have been taken.

Parent's/Guardian's Signature _____ Date _____

Please explain your child's serious health conditions about which our staff should be aware

Video and Photo Release

Throughout the year, Prime Factor Math Circle students will participate in activities in which students may be photographed, videotaped or audio recorded. The possible reasons for taking pictures or making records include but are not limited to updating the Prime Factor website or analyzing the effectiveness of various teaching strategies.

Please let us know where we can use photos and videos of your child:

Yes No **Circle Publications** - including but not limited to circle newsletters and presentations about Prime Factor;

Yes No **Prime Factor Web Site and Newsletter**

Yes No **Outside Publications** - including but not limited to local newspapers