

# 2018-2019 OFFLINE PERMISSION FORM



**TEAM ADVISOR:** Please give this Offline Registration Form to the parent/guardian whose name you provided during your online registration. If you need to update this information, you can log in at the Math Video Challenge website (<http://videochallenge.mathcounts.org>) and make any necessary changes online. *Do not give this form to any parents/guardians who have completed or will complete the online permission form.*

**PARENT/GUARDIAN:** As soon as possible, please complete this Offline Registration Form and email it to [videochallenge@mathcounts.org](mailto:videochallenge@mathcounts.org) or mail it to MATHCOUNTS – Math Video Challenge Registrations, 1420 King Street, Alexandria, VA 22314. *Your child cannot participate in the Math Video Challenge without your permission.*

**TEAM INFORMATION:** (\*required information)

**!** *If your son/daughter is participating in more than one Math Video Challenge team, please write the names of all teams and team advisors on this form.*

Team Advisor Name\* \_\_\_\_\_

Team Name\* \_\_\_\_\_

**STUDENT INFORMATION:** (\*required information)

**!** *If you have more than one child participating in the Math Video Challenge this year, you must complete a separate permission form for each child.*

First & Last Name\* \_\_\_\_\_ Grade Level (circle one)\* 6 7 8

**Ethnicity (circle one)\***

White	Hispanic, Latino or Spanish Origin	Black or African American	Asian	American Indian or Alaskan Native	Middle Eastern or North African	Native Hawaiian or Pacific Islander	Multiple Categories or Other	Prefer not to answer
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Email Address \_\_\_\_\_ Gender (circle one) M F Other

Name of Student's Official School of Record\* \_\_\_\_\_

School City\* \_\_\_\_\_ School State\* \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:** (\*required information)

First & Last Name\* \_\_\_\_\_ Phone Number\* \_\_\_\_\_

Email Address \_\_\_\_\_

By signing below I attest that I am the parent/guardian of the above-mentioned minor and give permission for my child to participate in the Math Video Challenge video contest. My child and I agree to be bound by the terms and conditions of participation.

*A copy of the terms and conditions of participation can be found at <http://videochallenge.mathcounts.org/rules> or can be requested by emailing [videochallenge@mathcounts.org](mailto:videochallenge@mathcounts.org) or mailing a self-addressed stamped envelope to: MATHCOUNTS – Math Video Challenge Rules, 1420 King Street, Alexandria, VA 22314. Please direct any questions to MATHCOUNTS at [videochallenge@mathcounts.org](mailto:videochallenge@mathcounts.org) or (703) 299-9006.*

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date