



Academic Preparation Squad
811 North Catalina Avenue Suite # 3000
Redondo Beach, CA 90277
Telephone: (310) 697-3177 Fax: (310) 355-8795



PARENT REGISTRATION, PERMISSION & RELEASE FORM

REGISTRATION

Please complete and mail this form to the address above or bring it to the event. You may also call to register your child.

Yes, I want to participate in the Math Maze Game tournament.

My Child's name is _____

He/She is in the: _____ grade at: _____ school.

My telephone number is: _____ My email address is: _____

Parent signature indicating approval for my participation

PERMISSION & RELEASE

This is to both inform you and request permission for your child's picture, voice, video, work and or first name to be published in or on educational or promotional materials. Images may be used on the internet and other promotional materials to demonstrate the use of the math maze game system.

Accordingly, we will not release any information without prior written consent from you.

This permission will be applicable to any use of picture, video, work or voice taken in the year in which permission is given and will remain in effect until the picture, video, work or voice is removed

I, hereby grant permission for any photo/image, voice, video or work to be used on promotional media and other materials belonging to the organizations hosting the tournament.

Name: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian

Date