**MATH NIGHT PARTICIPANT SIGN IN**

**School/District Name:**   **Workshop/Training Title:** ; **Location:**

**Date:**

**By signing below, I give permission for photo/video of myself and my child(ren) to be taken and shared with venues such as news media, social media, websites, and conferences by the SCHOOL NAME and The Math for Adults Foundation.**

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| --- | --- | --- | --- | --- |
| **Parent Name (Please Print)** | **Signature** | **Phone & email** | **Parent (P), Teacher (T), Community Org. (C), Business (B), Faith Based Organization (FBO), School employee (E)?** | **Student name(s) and grade level(s)** |
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