



## Dr. Sundar Math Center Winter 2019 - Math Camp

Email: [drsundarmathcenter@gmail.com](mailto:drsundarmathcenter@gmail.com)

### I. Registration/Application Form (One per student)

Student Name: \_\_\_\_\_ Sex: \_\_\_F \_\_\_M

Parent/ Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency or Cell Phone: \_\_\_\_\_

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

Student's Age: \_\_\_\_\_ Grade Level as of Fall 2018: \_\_\_\_\_

School Name: \_\_\_\_\_ City: \_\_\_\_\_

Is there anything you would like us to know about your child (i.e. allergies, etc.) \_\_\_\_\_

### II. Consent to Participate in the Winter 2019 Math Camp

- (Student's Name) \_\_\_\_\_ has my consent to participate in the **Winter 2019 Math Camp** offered through Dr. Sundar Math Center Inc. Any videos, photos, and comments of/ from participants while engaged in the program may be used only for the publicity, education, and other training purposes benefiting the program.
- I understand that my child must abide by the rules in order to participate in the program.
- Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
As a participant of the **Winter 2019 Math Camp** I will abide by all the rules.
- Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(Required)**

Mail the completed Registration/Application Form and Check to:

Dr. Sundar Math Center Inc, **3848 McHenry Avenue # 135, PO Box 225, Modesto, CA 95356**

Make Check for \$80.00 Payable to: "Dr. Sundar Math Center Inc."