

**Mt. Sophia Academy Class Registration**  
**Math League (9<sup>th</sup> grade to 12<sup>th</sup> grade)**  
**Cost: \$35 per year**

**Dates of meetings: The following Thursdays from 3:30 – 4:30 September 15, September 29, October 20\*, November 3, November 17\*, December 1, December 15\*, January 12\*, February 2, February 16\*, March 2, March 16\*, March 30 (\* dates are testing dates)**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

Phone Numbers: Home \_\_\_\_\_ Parent Work \_\_\_\_\_

Student Cell: \_\_\_\_\_ Parent Cell \_\_\_\_\_

Student email \_\_\_\_\_ Parent email \_\_\_\_\_

I hereby give permission for (name) \_\_\_\_\_ to attend the Mt. Sophia Math League for the school year 2022-2023. I assume full responsibility for him/her while in attendance. By doing so, I release Mt. Sophia Academy, the Mt. Sophia Academy Math League, its coach and Newark Church of Christ, from any liability for injuries incurred by my son/daughter. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the leaders of the Rhetoric Team to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Name and Phone Number: \_\_\_\_\_  
(In the event a parent cannot be reached)

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list any medical conditions, allergies, medications being taken, or other pertinent information (attach additional sheet if more space is needed):

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Office Use:

Cash/Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_