

20th Annual High School Mathematical Contest in Modeling (HiMCM)

2017

Team Control Number:

7379

Parental/Guardian Authorization Form

I Zhao Jie (Parent / Guardian Name / School administrator*) ☒

give permission for my son/daughter

ZHAOYANG TIAN (Student Name)

to participate in the Consortium for Mathematics and its Applications (COMAP) 20th Annual High School Mathematical Contest in Modeling (HiMCM). In the event that my son's/daughter's team is designated as an Outstanding winner, I give permission to disclose his/her name in the January 2018 HiMCM Press Release, and to publish their resulting Solution Paper or solution abstract in COMAP's quarterly newsletter, Consortium. I also give permission to release

ZHAOYANG TIAN (Student Name)

to local newspapers, radio or television outlets in recognition of his/her outstanding achievement.

Signature: Zhao Jie (Parent / Guardian Name / School administrator*) ☒

Date: 11/20/2017

*School administrators may sign in the case of residential schools.