

20th Annual High School Mathematical Contest in Modeling (HiMCM)**2017****Team Control Number:**

Parental/Guardian Authorization Form

I _____ (Parent / Guardian Name / School administrator*)

give permission for my son/daughter

_____ (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

_____ (Student Name)

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

Signature: _____ (Parent / Guardian Name / School administrator*)

Date: _____

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