

Office of Larry E. Reider
Kern County Superintendent of Schools
1300 17th Street-CITY CENTRE
Bakersfield, CA 93301-4533
Advocates for Children

DUE BY MARCH 27.

FINAL MAY 2, 2009

**Saturday, May 2, 2009
Kern County Middle School Math Field Day
Team Registration Form
(For Grades 6, 7 and 8)**

PLEASE TYPE OR PRINT CLEARLY.

School: _____ **Teacher/Coach: 1.** _____

Other Teacher/Coach: 2. _____ **3.** _____

4. _____

(1 coach required for every 20 students for proper supervision and proctoring of events.)

*Please see "Math Field Day Requirements" page for needed names of additional chaperones to supervise students.

School Address: _____

City: _____ **Zip:** _____

Phone: _____ **e-mail** _____
(to receive information, tests and answer keys)

Grades Levels in school: _____

FEE SCHEDULE

Fee depends on number of students entered (maximum 40): Check the appropriate box, then calculate. **Fees are non-refundable**, but students may be substituted. **Please send check payable to Kern County Science Foundation with this form by March 27.**
Fax: 661-636-4135.

Ten or fewer: \$50.00 flat fee
OR

More than ten: _____ students X \$5.00 per student = \$ _____

Total enclosed \$ _____

Math Field Day Requirements

Because team coaches are proctoring events throughout the day, they should make arrangements for additional chaperones. Please plan on providing one adult chaperone for every 10 student participants. Their names and cell phone numbers should be listed below.

SCHOOL: _____

	Chaperone Name	Cell Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

In addition, Math Field Day Coaches, along with chaperones, should plan an organized activity for their students during the lunch break. There will be ample room on campus for students to sit in groups; they may play cards or board games, listen to music, etc., but it is imperative that they be supervised.

Please complete the attached list of student names. Type and alphabetize ALL the names in a single list and then indicate grade level. A computer list with ALL names alphabetized and then grade level indicated is acceptable.

I certify that the students' grade levels are correct as shown on the alphabetical list and registration events form (below).

_____ **Date:** _____
School Administrator/Principal

Print: _____

Leap Frog: at 9:20

6th: _____ 6th: _____

7th: _____ 7th: _____

8th: _____ 8th: _____

Power Relay: at 9:20

6th: _____ 6th: _____

6th: _____ 6th: _____

6th: _____

7th: _____ 7th: _____

7th: _____ 7th: _____

7th: _____

8th: _____ 8th: _____

8th: _____ 8th: _____

8th: _____

Circuit Training-6th Grade: at 9:20

1: _____ 2: _____

Circuit Training-7th and 8th Grade (combined): at 9:20

1: _____ 2: _____

School Problem Solving: at 9:20

1: _____ 2: _____

3: _____ 4: _____

Sudoku: at 9:20

6th Grade (single entry)

7th Grade (single entry)

8th Grade (single entry)

Triathlon Games Tournament Entries (for Contig, Circle Tic Tac Toe and Kalah): at 9:20

6th Grade (single entry)

7th Grade (single entry)

8th Grade (single entry)

Tax Collector: at 9:20

6th: _____ 7th: _____

8th: _____

Mad Hatter: at 9:20

6th: _____ 6th: _____

7th: _____ 7th: _____

8th: _____ 8th: _____

Preliminary Relay: (Names may be duplicates of above named students) at 11:00 a.m.

6th: _____ 6th: _____

6th: _____ 6th: _____

7th: _____ 7th: _____

7th: _____ 7th: _____

8th: _____ 8th: _____

8th: _____ 8th: _____

Traditional Relay: (Names may be duplicates of above named students) **at 12:15 p.m.**

6th: _____ 6th: _____

6th: _____ 6th: _____

7th: _____ 7th: _____

7th: _____ 7th: _____

8th: _____ 8th: _____

8th: _____ 8th: _____

Note: Tests and Games are run at 9:20 a.m., Preliminary Relays are at 11:00 a.m., and Traditional (team) relays are at 12:15 p.m.

MATH FIELD DAY STUDENT LIST

School: _____

Please **TYPE OR PRINT CLEARLY** in **ALPHABETICAL ORDER** a complete list of **ALL** students (**NOT** alphabetized within the grade level) and **then** check the grade level.

No.	First Name	Last Name	6th Grade	7th Grade	8th Grade
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
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32.					
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34.					
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36.					
37.					
38.					
39.					
40.					

PLEASE RETURN THIS FORM AND CHECK PAYABLE TO KERN COUNTY SCIENCE FOUNDATION BY MARCH 27, 2009 TO:

Office of Larry E. Reider
 Kern County Superintendent of Schools
 1300 17th Street - CITY CENTRE
 Bakersfield, CA 93301-4533
Att: Kathy Hill, Coordinator
Mathematics/Science
(661) 636-4135 fax

If you have questions, concerns, or suggestions, please contact Kathy Hill, Mathematics/Science Coordinator, at (661) 636-4640.

**Notice of News Media Visit
 (Photography/Filming/Interview)**

1. Local news media representatives may wish to *[either come on campus or cover this event]* and interview, photograph/film students.
2. So long as news media representatives conduct business in a responsible manner, school officials may not control content, limit access to pupils, restrain a pupil's right to speak freely with news media representatives, or restrict the use of information and images acquired by news media representatives.
3. If on campus, news media representatives will be accompanied by school officials for the sole purpose of minimizing disruption to the educational environment. If off campus, news media representatives will not be accompanied by school officials.
4. Although school officials may not limit access to pupils or restrain a pupil's right to speak freely with news media representatives, parents may direct their child not to approach news media representatives.

5. Upon request by news media representatives, school officials may provide directory information, including but not limited to the name of a pupil, school of attendance, grade level, honors, and activities, unless the pupil's parent/guardian has submitted a written request that this information not be disclosed.
6. School officials will not release information that is private or confidential as required by law, board policy, or administrative regulation. No other access to student records or personally identifiable student information will be provided without written parent/guardian permission.
7. If you have particular concerns in light of this notification, please call Christine Goedhart-Humphrey at 636-4330.

Note: For the form below, please complete and have signed for your students and bring to Math Field Day. Please notify our office with the names of any students for whom you do not obtain a signed release.

PHOTO/VIDEO RELEASE

Parent Consent and Waiver of Rights

Program or Series Title:

School:

Production Date(s): **(Working Title)**

Production Locations):

I hereby grant consent for the child named below (“Child”) to participate and appear in a still photograph or audio-visual programming (collectively “the programming”), whether via television, film, video, audio tape or electronic media for the Kern County Superintendent of Schools and waive any right to control approval use or reuse of the Programming.

All rights of any nature which may also arise from the Programming are hereby granted, worldwide and in perpetuity, to the Kern County Superintendent of Schools.

On behalf of myself and Child, I hereby waive any rights to fees, royalties, or other compensation which may arise from Child’s participation in the Programming under the laws of the United States or any state thereof, or under the laws of any other nation or jurisdiction.

On behalf of Child, I grant full permission for the use of Child’s name, likeness, performance, voice and biography for the purpose of publicizing, advertising or promoting the Programming in any medium, including the print media, radio, television, film, and audio or video tape.

I expressly represent that I have authority, either as a parent or legally appointed guardian, to execute this Consent and Release on behalf of Child.

PLEASE PRINT THE FOLLOWING:

Name of Child (please print): _____ Age: _____

Name of Parent or Legal Guardian (please print): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number (including area code): _____

Signature of Parent or Legal Guardian

Date

EXONERACION PARA TOMAR FOTOGRAFIAS O VIDEOS

CONSENTIMIENTO DEL PADRE Y RENUNCIA A SUS DERECHOS

Programa o Título de la serie:

(Título del Trabajo)

Fecha (s) de la Producción:

Localidad de la Producción:

Por la presente, doy permiso al niño cuyo nombre aparece abajo (“Niño”) para que participe y aparezca en una fotografía (inmóvil) o en una programación audio-visual (colectivamente llamada “la Programación”), ya sea por medio de la televisión, película, vídeo, cinta de audio o medio electrónico para la Superintendencia de Escuelas del Condado de Kern y renuncio a cualquier derecho del control para aprobar el uso o re uso de la Programación.

Todos los derechos de cualquier naturaleza que puedan originarse de la Programación, son por medio de la presente, concedidos a nivel mundial y en perpetuidad para la Superintendencia de Escuelas del Condado de Kern.

De parte mía y del Niño, por la presente renuncio a cualquier derecho por honorarios, regalías u otra compensación que pudiesen originarse de la participación del Niño en la Programación bajo las leyes de los Estados Unidos o de cualquier otro estado, o bajo las leyes de cualquier otra nación o jurisdicción.

De parte del Niño, concedo pleno permiso para que se use el nombre del Niño, su semejanza, actuación, voz y biografía para propósitos de publicidad, propaganda o promoción de la Programación en cualquier medio, incluyendo los medios de prensa, radio, televisión, películas, y cintas de audio o vídeos.

Yo, explícitamente represento, ya sea como padre o como guardián legal asignado, que tengo la autoridad para firmar este Consentimiento y Permiso de parte del Niño.

POR FAVOR USE LETRA DE MOLDE PARA LLENAR LO SIGUIENTE:

Nombre del Niño (letra de molde): _____ Edad _____

Nombre del Padre o Guardián Legal (letra de molde):

Dirección: _____ Ciudad: _____

Estado: _____ Zona Postal _____

Número de Teléfono (incluya el código de área):

Firma del Padre o Guardián Legal

Fecha