



MINNEHAHA
ACADEMY

MS Math Team Registration

To register for a team, please fill this out and return it to the school office by **Friday, January 15, 2016!**

Name: _____ Grade: _____

Parent Name(s): _____

I understand that participating in a Minnehaha Academy Math Team requires consistent effort and attendance at all practices and meets (unless special arrangements are made with the coach).

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____