

Orlando Science Schools The James S. Rickards Fall Invitational

Dear Parents,

OSS Competition Math Teams are participating in a state wide invitational math contest. The James S. Rickards Fall Invitational is a math competition for elementary, middle, and high schools held on the Rickards High School campus in Tallahassee, FL. Run entirely by the Rickards Mu Alpha Theta Team, the Invitational is one of the largest competitions in Florida, with over 600 participants from 21 schools last year. You may find details about the tournament below. Please return this permission slip to Mr. Akyalcin by October 18th, Friday.

Date	Saturday, Nove	mber 9 th	Time	8:00am to 3:30pm		
Location	The James S. Rickards High School Address: 3013 Jim Lee Road, Tallahassee, FL 32301 (approximately 4 hours drive from Orlando)					
Who	All Mathletes in OSS and OSES Competition Math Programs					
Transportation	Please choose one of the transportation options o I will give ride to my child and be there by 8:45am. o OSS Transportation (Cost: \$25)					
Lunch	Please choose one of the lunch options ○ We will order pizza (Please choose Cheese □ Pepperoni □ suggested pocket money \$10) ○ I will bring my own lunch.					
Student Information	Name:	Grade:				
Competition Schedule	5:00am	Departure from Orlando Science Schools				
	8:30am-8:45am	Registration				
	9:00am-12:30pm	Individual and team tests				
	12:45pm-2:30pm	Lunch				
	2:30pm-3:30pm	Awards Ceremony				
	3:45pm	Departure from The James S. Rickards High School				
	7:45pm	Estimated time to arrive at OSS				

Contact Information:

Mr. Akyalcin: (407) 529-6196 e-mail: akyalcin@orlandoscience.org

For more information please check the following websites;

http://www.rickardsinvitational.org/

ORLANDO SCIENCE SCHOOLS

The James S. Rickards Fall Invitational Liability Release, Medical, and Consent Form

Liability Release: Should my child sustain or incur any accident or illness while on the James S. Rickards Fall Invitational, I hereby authorize the director/administrator, or his/her agent, to execute any and all documents, including any necessary releases, which might be required at any medical facility to perform any emergency care on my behalf. In the event that my child has an illness or accident during the program, and it requires a visit to the doctor or hospital, the existing family policies will solely represent the insurance coverage.

I give permission for my child to participate in any and all activities on the James S. Rickards Fall Invitational, and I do not hold the Orlando Science Schools liable for my child.

	Parent Sign:	Da	te:/2013
my son/daughter during	ent of illness or accident, I here g the James S. Rickards Fa to be	ll Invitational. In doing	this, I am giving permission
a parent or guardian.			
STUDENT DATE OF	F BIRTH:		
ADDRESS:			
\mathbf{S}'	TREET	CITY	ZIP
HOME PHONE:	WORK:	CELL:	
PARENT SIGNATURE: _		OATE:	
In order to give the	best service during the tr	rip, the following info	rmation will help.
1. Does your child have	best service during the tree any type of illness that needs	s to be monitored? Yes	□No
 Does your child have Explain: Does your child have 	re any type of illness that needs	s to be monitored?	□No
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 Does your child have Explain:	re any type of illness that needs	s to be monitored?	□ No