



2021-22 Northern Nevada Regional Math Team Development Program Application

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Parent / Guardian #1 Name, phone, & email: _____

Parent / Guardian #2 Name, phone, & email: _____

Address: _____

School: _____ Grade: _____ Age: _____ Male / Female

What math class are you currently taking? _____ Have you taken Geometry? Yes No

Grades 7-9: Did you participate in MathCounts last year? If yes, did you qualify for MathCounts State?

Grades 9-12: Did you participate in AMC 10 or AMC 12 last year? Please provide applicable scores from the 2020-21 school year if known: AMC 10 _____ AMC 12 _____ AIME _____

Why are you applying to be a part of the NNVMath Competition Team Development Program (CTDP)?

What are your math goals for 2020-21? (for example: make it to MathCounts State, be selected for the ARML Team, improve in my ability to solve probability problems, score 35 on the ACT Math section, etc.)

We will be inviting students from the CTDP to represent our region at the 2022 American Regions Mathematics League (ARML) team-based competition in Las Vegas on June 2-4. Selection to represent ARML is not guaranteed. Are you available on these dates and would you like to be considered for selection?

Yes

No

Review the practice schedule. How many practices do you anticipate missing? _____

Which Math Contests will you be participating in this year?

Applicant: _____ (printed name)

Please read and initial each of the following items before signing at the end of your section:

_____ I understand that I am applying to join a regional mathematics team development program and that being a member of this program requires my ability and willingness to be a good teammate, my ability to follow instructions, and my effort to develop my math and problem-solving skills.

_____ I understand that my failure to be a good teammate and/or follow instructions and/or not making an effort to improve my math and problem solving skills, and/or my interfering with the ability of others in the program to learn may result in my being removed from the program and no refund of fees will be given to myself, my parents, or anyone else on my behalf (in other words, poor behavior has a consequence).

_____ I understand that as a member of this development program, I have an obligation to a) treat others with dignity, courtesy, and respect, and b) present myself with honor and integrity when representing NNVMath.

_____ I have read the NNVMath Competition Team Information document and understand that being a part of the Development Program **has a volunteer and financial commitment**.

_____ I understand that by participating in the Competition Team Development Program (CTDP) I am NOT guaranteed a spot on the NNVMath 2023 ARML Team.

_____ If I have questions, concerns, or think I may have a problem fulfilling any of my commitments to the CTDP, I will contact Sherry as soon as possible to get an answer, feedback, or seek a workable alternative.

_____ (signature) _____ (date)

Parent/Guardian: _____ (printed name)

_____ I have read the NNVMath Competition Team Information document and understand that being a part of the Development Program **has a volunteer and financial commitment – full fee is \$450 for the year per child.**

_____ I understand that my child is applying to participate in a regional mathematics team development program and that failure to be a good teammate, follow instructions, make an effort to improve his/her math and problems solving skills, or being disruptive or disrespectful to teammates or coaches may result in her/his moved from the team and no refund of fees will be provided.

_____ I understand that by participating in the Competition Team Development Program (CTDP) my child is NOT guaranteed a spot on the NNVMath 2023 ARML Team.

_____ I understand that my child will not receive special treatment because I think it is warranted, further, if my behavior is determined to have a negative impact on any of the NNVMath programs, its staff, volunteers, other participants, etc., my child may be removed from the program and no refund of fees will be provided.

_____ If I have questions, concerns, or think I or my child may have a problem fulfilling any of our commitments to the team, I will contact Sherry as soon as possible to get an answer, feedback, or find a workable alternative.

_____ I will pay fees when due and support NNVMath fundraisers with my time, talent, or treasure as I am able.

_____ (signature) _____ (date)