



# Math Camp 2016



## *The Critical Practices for Mathematics Developed Through Game Play and Activities*

Mathematics is more than computation! Our goal is to demonstrate the practices of mathematics – looking for patterns, problem solving and perseverance, logic, precision, and curiosity – are embedded in games and other unexpected places. In prior years, students have explored patterns and puzzles, origami, binary number tricks, geometric designs, Rush Hour, Blink, Meta-Forms, Sleeping Queens, Blokus, Set, Mastermind, Pixel and more!

**PLEASE NOTE:** To enable more students to join us, all camp sessions are **ONE WEEK** this year.

Students **entering grades 2-8** may choose to attend **EITHER** one of the two weeks. Each day will include strategy games, mathematical activities, and some fun skill building or challenging problem solving.

On the registration form, please choose **one** of the following dates:

**Session A July 5-8 9:00 AM – 12:00 PM**

**OR**

**Session B July 11-15 9:00 AM – 12:00 PM**

*\* A confirmation notice will be sent home with your student.*

*(If you are a Foxboro resident but not a student at the Foxborough Public Schools, an email will be sent.)*

**FEE:** Thanks to a generous gift from **SCHNEIDER ELECTRIC (formerly Invensys Corp.)** we are able to offer math camp **FREE** to all.

**REGISTRATION INCLUDES 2 FORMS:** (must have **BOTH** forms)

\*Math Camp Student Information Form (Please keep THIS page for your records.)

\*Parental Consent, Release from Liability and Indemnity Agreement

### Questions?

Email Katie Young, K-4 Math Specialist [youngk@foxborough.k12.ma.us](mailto:youngk@foxborough.k12.ma.us)  
For More Information, please visit the Math Camp section of my website:  
<http://fpselementarymath.wikispaces.com/>

**TWO FORMS MUST BE IN by May 31, 2016:**

- Katie Young, Igo Elementary School, 70 Carpenter Street, Foxboro, MA 02035 **OR**
- Your student may return the 2 completed forms to his/her school.



# Math Camp 2016



STUDENT INFORMATION FORM – Please return by May 31, 2016

Student Name: \_\_\_\_\_

Please circle **one** Math Camp session to attend: **(Session A) July 5-8** OR **(Session B) July 11-15**

*\*You will receive confirmation of enrollment and session/camp dates after the registration deadline.*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Classroom/Math Teacher 2014/2015: \_\_\_\_\_

Grade entering: 2 3 4 5 6 7 8  
(Circle one)

TWO EMERGENCY CONTACT/PARENTS/GUARDIANS with Daytime Phone Numbers **(Please print clearly.)**

1. \_\_\_\_\_ ( ) - \_\_\_\_\_

2. \_\_\_\_\_ ( ) - \_\_\_\_\_

A bus to the Booth Camp will be available for children who attend the **BOOTH CAMP**.

Will your child be using transportation to Booth Playground (for Booth Camp) at noon? Yes / No

Any medical Information we need to be made aware of: Yes / No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us about your mathematician! How does your child feel about math? \_\_\_\_\_

\_\_\_\_\_

**REMEMBER: Math camp is designed to give children of all abilities and interest levels a chance to have FUN with mathematics!**

Parent email address: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_



# ***PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT***

*This is a legal document which, if signed, will have the effect of rendering you and your child unable to bring any type of action against the Town of Foxborough, the Foxborough School Committee, or any of its agents, because of any harm you or your minor child may suffer as a result of his/her participation in any voluntary program of the Foxborough Public Schools.*

I, \_\_\_\_\_, parent of \_\_\_\_\_, a minor, do hereby consent to his/her participation in the voluntary \_\_\_\_\_ program of the Foxborough Public Schools, and hereby forever RELEASE, discharge, and covenant to hold harmless the Town of Foxborough and its elected officials, committees (including but not limited to the Foxborough School Committee), officers, agents, employees, insurers, attorneys, servants, affiliates, and their successors and assigns, from any and all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent of said minor, and also all manner of actions and causes of action, agreements, judgments, settlements, damages, claims, and demands whatsoever, known or unknown, at law or in equity, which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority, resulting from his/her participation in any voluntary programs of the Foxborough Public Schools.

I acknowledge that I enter into this Agreement after having had ample opportunity to consult with counsel, and I do so knowingly and voluntarily, with complete understanding of the terms and the conditions of the Agreement.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form may not be altered.**

(MATH CAMP FORM 2 OF 2)