



National Technical Institute for the Deaf Math Competition for Deaf and Hard-of-Hearing Students

REGISTRATION FORM

**This form does not need to be submitted to the Math Competition!*

This form is for preparation purposes only, for your students, so your team can register as quickly as possible to secure a spot!

First name: _____ Last name: _____

Address: _____

E-mail: _____

Phone number: _____

Birthdate: _____

Year of Graduation: _____ Gender (circle one): Female Male

Shirt Size (circle one): S M L XL XXL

Communication Preference (circle one):

- Speech & Lip-reading (I do not use sign language.)
- American Sign Language only
- Speech & American Sign Language

Parent/Guardian first & last name: _____

If address of student is same as parent address, please check here.

If address is different, please fill out below:

Address: _____

E-mail: _____

Fax: _____

Home phone number: _____

Work phone number: _____

Cell phone number: _____

What language does your family use at home?: _____

School: _____

School address: _____

Coach first and last name: _____

Please list any known food allergies: _____