

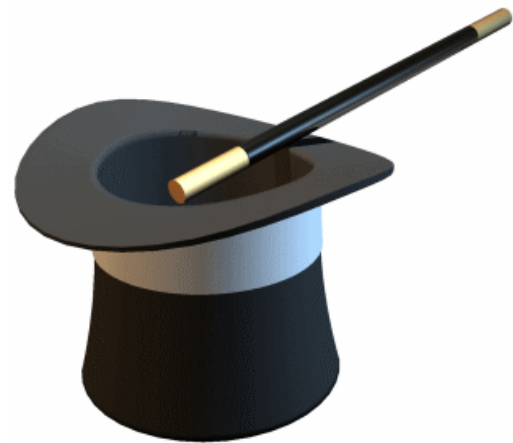
# SATURDAY November 12, 2011

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## Math Magic

Kids learn to have fun with math, as all of the magic in this show is math-related!

*Reading minds—through mathematics!*



## ShoeMan

Shoeman Water Projects picks up donated used and new shoes year round from businesses, churches, schools, special events and shoe drives. Once collected, the shoes are given a second life when the Shoeman exports the donated shoes to retailers in the Developing world.

## Box Car Derby

Build a car out of boxes and race around the track!

**7th & 8th Grade**

**Limit: 40 Students**

# Deadline: October 28, 2011

**EDUCATIONAL TALENT SEARCH II at MAC**

P.O. Box 1000, Park Hills, MO 63601– PH: (573)518-2380 FX: (573)518-2168– [www.mineralarea.edu/ets](http://www.mineralarea.edu/ets)

## Educational Talent Search II goes to...

**Math Magic, The Shoe Man,  
And Box Car Derby**

**Saturday, November 12, 2011**

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### Itinerary:

**9:00 AM** Leave John Evans Middle School  
**9:30 AM** Leave Valley Middle School  
**9:45 AM** Leave Belleview Elementary School  
**10:15 AM** Leave Arcadia Valley Middle School

Math Magic  
Shoe Man Presentation  
Box Car Derby

**DEADLINE:**

PAPERWORK MUST  
BE  
RETURNED OR  
FAXED TO  
(573)518-2168 BY

**Oct. 28, 2011**

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**4:45 PM** Arrive at Arcadia Valley Middle School  
**5:05 PM** Arrive at Belleview Elementary School  
**5:20 PM** Arrive at Valley Middle School  
**5:50 PM** Arrive at John Evans Middle School

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### Please Remember:

- All expenses related to this trip are paid for by ETS (meal, admission, etc.). Spending money is not required. Students may bring money for additional snacks or souvenirs.
- Should a trip be canceled an announcement will be made on the following radio stations: KREI (800 AM), KFMO (1240 AM), KYLS (95.9 FM), KTJJ (98.5 FM), KDBB (104.3 FM). **OR**
- Sign up for MAC alerts to receive text messages from ETS for field trip cancellations! Go to [www.mineralarea.edu](http://www.mineralarea.edu) and click MAC alerts at the bottom of the page and select the ETS 2 message group!
- **Wear comfortable , school and weather appropriate clothing and tennis shoes.**
- For other info. contact Educational Talent Search at (573)518-2380.
- Required school activities take priority over ETS field trips.
- If you sign up for a trip and are unable to attend you must call (573)518-2380 and cancel by **FRIDAY, NOV. 11 AT NOON** or YOU WILL NOT BE PERMITTED TO ATTEND FUTURE FIELD TRIPS!

Those accepted to attend the field trip will be sent a confirmation postcard.

**IF YOU DO NOT RECEIVE A POSTCARD, DO NOT SHOW UP FOR THE TRIP!**



# Math Magic & Shoe Man

Student's Name \_\_\_\_\_ School \_\_\_\_\_

The above student has my permission to attend Math Magic, the Shoe Man, and Box Car Derby at MAC on November 12, 2011.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Confidential Medical Information

I, (full name of parent/guardian) \_\_\_\_\_, declare that I am the legal guardian of (full name of minor) \_\_\_\_\_ a minor, born \_\_\_\_/\_\_\_\_/\_\_\_\_.

Has the student been hospitalized in the last 3 years? \_\_\_ Yes \_\_\_ No If yes, explain \_\_\_\_\_

Allergies \_\_\_\_\_ Medications currently being taken \_\_\_\_\_

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Is the student now pregnant? \_\_\_ Yes \_\_\_ No

List any other important medical information (current medical conditions, limitations to activities, special diet needs, etc.)

Name of health insurance company \_\_\_\_\_ No insurance \_\_\_\_\_

Insured's Name \_\_\_\_\_

Group Number \_\_\_\_\_ Identification Number \_\_\_\_\_

Medicaid Number \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

## Emergency Medical Permission

### CHOOSE ONE OPTION

\_\_\_\_\_ I grant permission to the Educational Talent Search staff to act on my behalf in granting permission for evaluation and treatment of medical problems for my child. In the event that I cannot be reached, I hereby, give my consent to such treatment as deemed necessary (including surgery, x-ray examinations and anesthesia to be rendered to said minor by a licensed physician or nurse)

OR

\_\_\_\_\_ I do not wish medical care of any kind except emergency care to be provided for my child.

I UNDERSTAND THAT should a major medical problem arise, an attempt will be made to notify me or one of the following emergency contacts by telephone:

	NAME	RELATIONSHIP	HOME	WORK	CELL
1.					
2.					
3.					

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_