



California Competitor Substitution/Release Form – [Chapter/State]

School Name _____

Exiting Team Member Name _____

By signing this form, I affirm I am officially releasing my position at the California MATHCOUNTS State Competition.

Student Signature _____ Date _____

Exiting Parent First and Last Name _____

By signing this form, I affirm I am the parent/guardian of the above referenced student. I am officially releasing this student's position at the California MATHCOUNTS State Competition.

Parent Signature _____ Date _____

Substitute Team Member Name _____

By signing this form, I affirm I am officially substituting for _____ at the California MATHCOUNTS State Competition.

Student Signature _____ Date _____

Substitute Parent First and Last Name _____

By signing this form, I affirm I am the parent/guardian of the above referenced student. I am officially releasing this student's position at the California MATHCOUNTS State Competition.

School Coach First and Last Name _____

School Coach Email Address _____

Substitute Team Member Name _____

*By signing this form, I affirm I am the coach of the above referenced students. I understand individuals **cannot be substituted**. I affirm the exiting student was a team member, not an individual competitor, and voluntarily released his/her spot.*

School Coach Signature _____ Date _____

Please submit your completed form as soon as possible to :

Attention: State Coordinator
admin@cspeef.org