

# Registration Form

## STATE SCIENCE DAY-May 9, 2009

Hosted by The Ohio State University  
Sponsored by The Ohio Academy of Science,  
American Electric Power, The Ohio Environmental  
Education Fund, and Roxane Laboratories, Inc

PLEASE DO NOT STAPLE OR  
PAPERCLIP YOUR FORMS

DO NOT Write Here  
For Academy Office Use  
Only \$ \_\_\_\_\_

**P** **PRINT OUT and READ the 2009 registration booklet** (<http://www.ohiosci.org/SSDReg2009.pdf>) **SEVERAL TIMES** before you begin to fill out this form. Type into the fields (they will expand) and print out these pages when complete. Your registration, abstract and required forms must be mailed flat by **FIRST CLASS (POSTMARKED) by the TUESDAY, after your District Science Day**. Mail flat to OAS - SSD REGISTRATION, PO Box 12519, Columbus OH 43212-0519.

**Payment:** Enclose a check for the \$50.00 registration fee plus your shirt order made payable to The Ohio Academy of Science; or you may charge the total amount on your VISA or MasterCard only by using our e-commerce site: [http://www.ohiosci.org/store/state\\_science\\_day.html](http://www.ohiosci.org/store/state_science_day.html) . Please **INCLUDE** the student's name in the comment field. Print out the email confirmation you receive from Merchant America and enclose a copy with this registration form. Note: To acknowledge receipt of your registration, please enclose a self-addressed, stamped postcard. **WE CANNOT** verify your registration by phone.

Type of project:          Individual                  Team

If a team project, list your teammates names:

**EACH TEAM MEMBER MUST FILL OUT A SEPARATE REGISTRATION FORM and pay a separate fee.**

First                                  Middle Initial                  Last

Address or PO Box

City                                  State      Zip                                  Ohio County

Phone (    )                          Gender:          M          F                  Grade Level

Email address

Social Security No.                          **REQUIRED-BUT USE ONLY LAST FOUR DIGITS**

Prior years you have exhibited at STATE SCIENCE DAY:

2004                  2005                  2006                  2007                  2008

School Name

School City                                  School County

Full Name of science teacher:                                  Teacher's Work No. (    )

Project title:

Please mark **only one** Judging Category and select the Sub-Category from the drop-down list.

### Category & Sub-Category

BEH

BIO

BOT

CHE

COM

### Category & Sub-Category

EAR

ENG

ENV

MAT

### Category & Sub-Category

MED

MIC

PHY

ZOO

**First Name**

**Last Name**

Choice of **Sponsored Award** Numbers (grades 7-12 & Teams):

1st choice

2nd choice

3rd choice

All team members must sign up for the same awards. Look for "Team Only" awards in the 2009 registration booklet <http://www.ohiosci.org/SSDReg2009.pdf> .

Choice of **Scholarship** Numbers (CERTAIN grades only; usually limited to 11-12):

1st

2nd

Shirt Orders. Enter Number needed (order as many as you wish) Payment **must** accompany this order.

T-shirts:                    S                    M                    L                    XL                    No. @ \$15=

Sweatshirts:                S                    M                    L                    XL                    No. @ \$20=

Shirt Total=

### **Final Checklist for BASIC FORMS that are enclosed:**

1. Registration Form. GOTO <http://www.ohiosci.org/SSDRegForm2009.pdf>  
Be sure to consider signing up for Scholarships and Sponsored Awards and ordering a T-Shirt.
2. Consent & Release Form with original signature(s). GOTO <http://www.ohiosci.org/consent.pdf>
3. Abstract (Suggestion: Have your English teacher proof.)
4. Form 1: Checklist for Adult Sponsor / Safety Assessment Form
5. Form 1A: [Student Checklist \(including Research Plan\)](#)
6. Form 1B: Approval Form
7. Form 1C: Regulated Research Institutional/Industrial Setting Form if needed
8. Form 2: Qualified Scientist Form if needed
9. Form 3: [Risk Assessment](#) Form if if needed

Additional forms may be required IF YOUR PROJECT INVOLVES ANY OF THE FOLLOWING: Human Subjects; Nonhuman vertebrate animals including observation projects; Potentially hazardous biological agents including microorganisms, recombinant DNA technologies, or human or animal fresh tissues, blood or body fluids; Controlled substances and alcohol and tobacco; Hazardous substances or devices including chemicals, equipment, firearms, radioactive substances and radiation.

10. Form 4: Human Subjects and Informed Consent Form if needed
11. Forms 5A or 5B: Vertebrate Animal Form if needed
12. Form 6A: Potentially Hazardous Biological Agents Form if needed
13. Form 6B: Human and Vertebrate Animal Tissue Form if needed
14. Form 7: Continuation Projects if needed
15. \$50 registration fee and T-shirt order payable to The Ohio Academy of Science.  
You may pay by credit card online at: [http://www.ohiosci.org/store/state\\_science\\_day.html](http://www.ohiosci.org/store/state_science_day.html)
16. Self-addressed, stamped postcard for acknowledgement of receipt of registration.

NOTE: Forms available at: <http://www.societyforscience.org/isef/document/>

**MAIL by FIRST CLASS (POSTMARKED) by Tuesday** after your District Science Day to:

**OAS - SSD REGISTRATION  
PO Box 12519  
Columbus OH 43212-0519**

### **PLEASE DO NOT STAPLE, PAPERCLIP OR FOLD YOUR INFORMATION.**

Note: To acknowledge receipt of your registration, please enclose a self-addressed, stamped postcard.

**Receipt WILL NOT be verified by phone.**

# The Ohio Academy of Science

## Consent and Release Agreement

also available on the web at <http://www.ohiosci.org/consent.pdf>

**Required** for participation in District and State Science Days, the Annual Meeting, Buckeye Science & Engineering Fair and any other activity of The Ohio Academy of Science.

In consideration of the right and opportunity of the undersigned to attend and participate in District and State Science Days, the Annual Meeting or any other activity, program or event of The Ohio Academy of Science, the undersigned for him/herself and for his/her heirs and legal representatives hereby:

1. Fully and forever releases The Ohio Academy of Science (herein referred to as the Academy), and all of its past, present, and future affiliates, officers, directors, trustees, judges, peer-reviewers, committee members, employees, attorneys, agents, successors and assigns, and each of them, from any and all claims, damages, and causes of action of whatsoever kind or nature resulting from or relating to the undersigned's involvement, participation in or attendance at the activity, program or event;
2. Authorizes the Academy and any of its agents to provide, obtain, or designate any reasonable medical treatment and/or emergency medical treatment in the event of illness, injury, accident or incapacity of the undersigned;
3. Agrees to abide by all regulations and rules established by the Academy;
4. Agrees to indemnify the Academy against, and to save it harmless from, any and all damages, actions, causes of action, claims, judgments, executions, debts, costs of litigation and attorney fees which may in any way arise out of, or result from, the use by the undersigned of the property and facilities owned, used, or rented by the Academy;
5. Grants to the Academy, and its successors, assigns, agents, grantees, and licensees, the right to take and reproduce writings, photographs, films, and voice recordings of the Undersigned while the undersigned participates in the program, and to use the same and the undersigned's name and any past, current, or future biographical information submitted to the Academy for any and all purposes and in any manner, including commercial publications and advertisements of all kinds in all media;
6. This Consent and Release Agreement contains the entire agreement and understanding between and among the parties as to the subject matter hereof, and shall be binding upon the undersigned and the undersigned's heirs, administrators, executors, and assigns.

I have read and understand each of the above paragraphs. I understand that by signing this Consent and Release Agreement, I give up valuable rights.

Signature of Participant \_\_\_\_\_

Printed Name

Date

Street Address

City

State

Zip

Phone ( )

Email

Date of birth

The following is required for minors: In consideration of the services and facilities provided by the Academy, I, (print name) \_\_\_\_\_ parent and/or guardian of the above Participant, a minor, hereby give my express consent to the execution of this Consent and Release Agreement and that I assume all liability and obligations of Participant as set forth in said paragraphs.

Signature of Parent \_\_\_\_\_

Printed Name

Date