

# District 5 (D5) Science Day Registration

(1 form per student) **UA91**

Student Name \_\_\_\_\_ Student Email \_\_\_\_\_

School \_\_\_\_\_ School City \_\_\_\_\_ County \_\_\_\_\_

A: Fill out all required forms electronically, <http://uakron.edu/wrsd/forms-download.dot>, print, sign, scan

B: Go to <https://uakron.edu/wrsd/register-online.dot> to REGISTER ONLINE, upload forms and pay registration fee.

## **All steps should be completed by Friday, February 16, 2018.**

Save all paper forms in case changes are needed.

**PAYMENT:** (all fees non-refundable) **PREFERRED:** pay online while registering. To pay by check, make check payable to: **The University of Akron, WRD5**. Write student name(s) and school on check. Check payments may be postmarked by 2/16/18. \$28/Individual project; \$40/ 2 Person Team; \$51.75/3 Person Team.

Mail to: **Laurel Lohrey +0301**  **I am paying online.**  
**The University of Akron**  **I am paying by Check or Money Order. Check# \_\_\_\_\_**  
**Akron, Ohio 44325-0301**  **My school will arrange payment.**

**INCOMPLETE or LATE REGISTRATION WILL BE ASSESSED A non-refundable LATE/MISSING FEE OF \$10.00**

**ALL REQUIRED FORMS AND PAYMENT(S) must be APPROVED by D5, for each project member, for authorization to attend.**

Name of Local Fair \_\_\_\_\_ Date of Local Fair \_\_\_\_\_

Judging Category \_\_\_\_\_ Abbreviated Proj Title: \_\_\_\_\_

Teacher Name \_\_\_\_\_ Teacher Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Email \_\_\_\_\_

*Displays at District and State Science Days are strictly table-top poster format only. Table-top display dimensions shall not exceed 36 inches (91 cm) wide by 30 inches (76 cm) deep. The top of the display shall not be more 55 inches (140 cm) above a 30inch high table. There shall not be any lettering or display materials extend in excess of 1 cm from the vertical front surface of a display board. Extensions of a project beyond the state limits will result in dismantling or severe modification of the display, and may disqualify the student's participation.*

*A PHOTO CREDIT FORM must be on all displays with photos or GRAPHICS. Credit form available in D5's required forms section.*

**SEE STATE SCIENCE DAY STANDARDS 2017/2018 for display expectations and What is Allowed and What is Not Allowed – Section III-g,h,i,j (The rules have changed this year!!!!)**

I, the **teacher**, approve this entry based on the project's scientific merit and for absence of hazards to exhibitor and others. I CERTIFY that all required forms for individuals (UA91-D5 Registration, UA92-D5 Consent form, OAS Release & Consent, ISEF-1B) and required forms for the project (ISEF forms 1, 1A & Research Plan, Abstract and any other appropriate forms 1C, 2, 3, 4, 5A, 5B, 6A, 6B, 7) are completed and will be uploaded.

I have checked off forms required of and completed by this Student:

UA91-D5 Registration,  UA92-D5 Consent form,  OAS Release & Consent,  ISEF-1B

And required of and completed for this Project: ISEF forms 1, 1A & Research Plan, Abstract plus forms as appropriate: 1C, 2, 3, 4, 5A, 5B, 6A, 6B, 7

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the **parent/guardian**, have read, I understand, and have signed the OAS Consent & Release form and the UA92-D5Consent form, and I assume liability for injury or damage caused to others by exhibitor at District and State Science Days.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Or Student signature if 18 years of age

I am working as a team. My teammates are: \_\_\_\_\_

**Important: Remain with your exhibit at the space assigned until you receive a release ticket. You may be judged multiple times.** If you have difficulty downloading, printing or uploading forms, please contact Laurel Lohrey at [scienceday@uakron.edu](mailto:scienceday@uakron.edu) or 330-972-8178

**WESTERN RESERVE DISTRICT 5 Science Day**  
**Consent Agreement**  
(1 form for each student)

UA92  
(1 form for each student)

**Required** for participation in Western Reserve District 5 Science Day.

Only participants, judges and other persons working Western Reserve District 5 Science Day will be permitted on the 3rd floor of the University of Akron Student Union from 8:45 am until all students have been released from Judging on the Day of the Science Fair.

Failure to comply will result in the disqualification of participant.

I have read and understand the above paragraph.

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

Printed Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State OH Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

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 Agreement and that I assume all liability and obligations of Participant as set forth in said paragraph.

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

Printed Name \_\_\_\_\_ Parent email \_\_\_\_\_

# The Ohio Academy of Science

OAS

(1 form for each student)

## Consent and Release Agreement

also available on the web at <http://www.ohiosci.org/s/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

# Privacy Statement

## The Ohio Academy of Science

The Ohio Academy of Science recognizes that individuals with whom we conduct business, including members and program participants, value their privacy. However, in order to conduct business in this increasingly electronic economy, the collection of personal information is often necessary and desirable. It is the Academy's goal to balance the benefits of e-commerce and direct mail with the right of individuals to prevent the misuse of their personal information.

### **The collection of personal information**

The Academy may request basic, personal information from you, like your name, e-mail address, and name of your employer, telephone, fax and biographical information. The Academy uses this information to communicate with you primarily by mail, phone, fax or email. In some cases we use this information for other purposes such as, but not limited to, the recruitment of volunteers for special tasks or assignments and solicitation of support. In addition, the Academy may use this information for other purposes, such as alerting you to products and services from the Academy or from others who can assist you in your education, profession or enjoyment of science.

In general, you can visit our website without divulging any personal information. However, there are areas of this site that may require this information to complete their customization functions, and may not be available to those choosing not to reveal the information requested.

Although not of a personal nature, the Academy may collect domain information as part of its analysis of the use of our website. In general this data enables us to become more familiar with the several categories or domains of members and customers visit our site, how often they visit, or what pages of the site they visit most often. The Academy uses this information to improve its Web-based offerings. This information is collected automatically and requires no action on your part.

### **Disclosure to third parties**

In cases where we believe your educational or professional business interests will be served, the Academy may share your information (with the exception of financial information, credit card, and ordering information) with others who can alert you about new products, services, educational or professional opportunities that may be of benefit to you. Most third parties are authorized to use this information on a one-time basis only, however, if you receive unwanted marketing materials from any of our business associates, please let us and them know that you wish to be removed from their contact list. You always have the right to inform us that you do not want us to share this information beyond the Academy.

The Ohio Academy of Science reserves the right to change, modify, or update this statement at any time without notice.

Copyright (c) 2001 The Ohio Academy of Science. All rights reserved.