

**THE OHIO ACADEMY OF SCIENCE  
DISTRICT SCIENCE DAY INDIVIDUAL REGISTRATION**

➔ **Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Sex** (circle) Male Female

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Grade Level** (circle one) 7 8 9 10 11 12

➔ **School** \_\_\_\_\_ **School Phone** \_\_\_\_\_

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

➔ **Teacher's Name** \_\_\_\_\_

➔ **Project Title** \_\_\_\_\_

\_\_\_\_\_

➔ **Division To Be Judged** (please check only one category)

\_\_\_ BEHA (Behavioral Science)

\_\_\_ ENGI (Engineering)

\_\_\_ BIOC (Biochemistry)

\_\_\_ ENVI (Environmental Science)

\_\_\_ BOTA (Botany)

\_\_\_ MATH (Math)

\_\_\_ CHEM (Chemistry)

\_\_\_ MEDI (Medicine and Health)

\_\_\_ COMP (Computer Science)

\_\_\_ MICR (Microbiology)

\_\_\_ EART (Earth and Space Science)

\_\_\_ PHYS (Physics)

\_\_\_ ZOOL (Zoology)

➔ **Sponsored Award Name** \_\_\_\_\_

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**I understand that if I wish to qualify for state, I or my representative must attend the district awards ceremony. My nonattendance at this meeting indicates that I relinquish my position to the next highest rated project.**

➔ **Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I have read, I understand, and I have signed the Consent & Release form, and I assume liability for injury or damage caused by others by exhibitor at District and State Science Days.**

➔ **Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I approve this entry based on the project's scientific merit and for absence of hazards to exhibitor and others. I CERTIFY that all appropriate forms: (Consent/Release, Abstract, Checklist for Adult Sponsor (1), Student Research Plan (1a), and Approval Form (1b) are enclosed. Additional forms may be required. See website for details.**

➔ **Teacher/Science Day Director Signature:** \_\_\_\_\_