

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



(1) Student Name _____

Home Phone _____

Sex (circle) Male Female

Home Address _____

City _____ State _____ Zip _____

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



(2) Student 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)

ENVI (Environmental Science)

BIOC (Biochemistry)

MATH (Mathematics)

BOTA (Botany)

MEDI (Medicine and Health)

CHEM (Chemistry)

MICR (Microbiology)

COMP (Computer Science)

PHYS (Physics)

EART (Earth and Space Science)

ZOOL (Zoology)

ENGI (Engineering)



Sponsored Award Name _____

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: _____