

Science Application Form and important information.

Meeting time of the Workshop 9-2 pm January 16, 17,18, 2010
Parents meeting January 5, 2010 6:00 pm Kauai Community College Learning Center

Linda Sciaroni is the Kauai Regional Director for the HSSO
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Grade level 6-12... limited to 10 girls and 10 boys with completed applications, with entrants evenly distributed between the schools

Applications accepted at the Kauai Community College LEARNING CENTER-
By mail: Linda Sciaroni
3-1901 Kaumualii Highway, Lihue, 96766

Materials: Hawaii State Science Olympiad
HSSO is a hands-on engineering science knowledge competition. Students will be involved in a variety of problem solving and engineering type hands on activities with the goal of competition at the Hawaii State Science Olympiad.

Events at the workshop:see rules at www.HSSO.org)

- Egg-o-naut
- Trajectory
- Elevated Bridge
- Write-it t do-it
- Experimental Design
- It's about time
- Technical Problem Solving
- Mouse Trap Vehicle
- Battery Buggy

Student name:
School affiliation:
Teacher's recommendation:
Birth date:
Grade level:
Homeroom teachers name:
Mailing address:
Home phone:
Please explain why you would be a great HSSO team Member in 100 words or less.
(Open this file in word and type your answer here or attach an extra page.)

Student Signature: _____
Print the name you like to be called _____

Students Name: _____
Specific emergency contact information:

Parent's name: _____

Most likely phone numbers to find a parent or guardian at 9-2 pm on a weekend day:

- 1) _____
- 2) _____
- 3) _____

Most likely phone numbers to find a parent or guardian at 4-6 pm on a Wednesday:

- 1) _____
- 2) _____
- 3) _____

Are you the parent available to travel with the Team to Leeward Community College on March 6 2010? _____ Yes / No
Are you, the student, available to travel with the Team to Leeward Community College on March 6 2010? _____ Yes

Medical

I have health insurance/medical coverage for my child with (HMOs, Kaiser, Quest, DSSH.)

_____ Name carrier

Any medical concerns or special education services? Asthma, allergies, medications, ADHD, ... you wish to disclose? yes or no If yes please share:
Alternative adults/guardians who can authorize medical care:

E-mail to notify parents of club activities:
or just drop me a note to sciaronilinda@aol.com

Hawaii State Science Olympiad Medical and photography release

I grant permission for my son/daughter, _____ to join the science workshop and the Olympiad team. I give permission for Ms. Sciaroni, or the above named guardians, to seek emergency medical care for my child, should my child need it in conjunction with activities of the science olympiad on off the campus.

As a lawful consideration for being permitted by Hawaii State Science Olympiad to allow the undersigned person's minor child to participate in club activities and use school facilities, I agree that I, my minor child, heirs, distributees, guardians, legal representatives and assignees will not make claim against, sue, attach property of, or prosecute HSSO or any of its affiliated organizations for injury or damage resulting from negligence or other acts, howsoever caused by HSSO or any employee, agent, volunteer, or contractor of HSSO or its affiliates, as a result of my child's participation in activities associated with HSSO. In addition, I hereby release and discharge HSSO and its affiliated organizations, from all actions, claims, or demands I, my minor children heirs, distributees, guardians, legal representatives, or assignees now have or may hereafter have fore injury or damage resulting from my, child's participation in HSSO. I realize that my student will be working on science experiments which may involve pressure, mouse traps that spring, or electricity and I have instructed my child to comply with all safety instructions. I also do hereby give my permission to HSSO, Kauai Community College, AAUW, National Girls Collaborative, The Garden Island News and KEDB to use without remuneration, any photographs, video images, and audio recordings depicting my family members.

Parent/guardian Signature

_____ Date _____

Student Signature

_____ Date _____

