

# Science Application Form

Meeting time 9-2 pm January 5,6,7,8, and 9, 2009  
Parents meeting Dec 4, 2008 6:00 pm  
Kauai Community College

Linda Sciaroni is the  
Kauai Regional Director for the HSSO  
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Grade level 6-12... limited to first 8 girls and 8 boys with completed applications, with entrants evenly distributed between the schools- applications accepted at the Kauai Community College LEARNING CENTER 245-8346.  
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.

**Student name:** \_\_\_\_\_

**School affiliation:** \_\_\_\_\_

**Teacher's recommendation:** \_\_\_\_\_ signature

**Birth date:** \_\_\_\_\_

**Grade level:** \_\_\_\_\_

**Homeroom teachers name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

\_\_\_\_\_

**Home phone:** \_\_\_\_\_



**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 week day:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Are you **the parent** available to travel with the Team to Leeward Community College on March 6 and 7<sup>th</sup> 2009? \_\_\_\_\_ Yes / No

Are you **the student** available to travel with the Team to Leeward Community College on March 6 and 7<sup>th</sup> 2009? \_\_\_\_\_ 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, ...?

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 club at Kauai Community College. 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 club 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 for injury or damage resulting from my, child's participation in HSSO. I also so hereby give my permission to HSSO, Kauai Community College and KEDB to use without remuneration, any photographs, video images, and audio recordings depicting my family members.

Parent/guardian Signature

\_\_\_\_\_ Date \_\_\_\_\_