

Meadowbrook Middle School

2017-2018 Science Olympiad

Parent Acknowledgments

For a description of, or information on, any of these acknowledgements, please refer to the MBMS Science Olympiad web site at www.meadowbrookso.org.

I have read and understand the Program Description.

To ensure a fun learning environment for all, students are required to follow National Science Olympiad Rules as set forth by the National Committee, and listed on the MBMS Science Olympiad web site, and MBMS school rules. I have read and understand the Science Olympiad Rules section.

I have read and understand the Science Olympiad Code of Ethics section.

On behalf of the parents and spectators, I pledge to be an example for our children by respecting the Science Olympiad Rules, encouraging excellence in preparation and investigation, supporting independence in design and production of all competition devices, and respecting the decisions of Event Supervisors and Judges.

Science Olympiad creates opportunities for learning science with an emphasis on teamwork and a commitment to excellence. As a result, I agree to provide the necessary support for my child to succeed in their chosen events (transportation, attend practices as necessary, etc).

A factor for being considered for placement on a regional team is being able to work as a team with whomever your student is assigned. Your student will not be able to choose their partner for the regional competition. I understand the importance of teamwork, and that my child may not be able to choose his/her partner.

Failure to abide by any rule stated shall be subject to removal from the program. A Parent or Guardian shall be notified prior to this action taking place. I understand that if I or my child fail to abide by any rule, my child may be subject to removal from the program.

I understand that the decisions of the Head Coaches are final regarding all aspects of running Science Olympiad at MBMS, including, but not limited to, regional team placement, and state team selections. I understand that there is no guarantee of my child's competition placement, even after paying the registration fee, completion of registration and attending practices.

I understand that if MBMS is invited to compete at the state level, priority will not necessarily be given to students who have previously competed at the state level, or who placed high at the regional competition.

I understand that the Science Olympiad is a student competition; therefore, I will not build my child's device. I may help only if a dangerous tool is needed for the device to be completed.

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

I understand that parent involvement is extremely important to the success of the MBMS Science Olympiad teams, and parents are required to volunteer to help the Science Olympiad team through one or more opportunities as listed on the registration form.

I give my permission for my child to participate in the MBMS Science Olympiad program.

I give my permission to release my child's contact information, including telephone number and email address, for team use only.

I permit the school district and/or news media to print group photographs, student work, and identification of the below-named student on the school district's web pages, newspaper articles, and television programs. Identification of students on web pages will be limited to first and last name only. All student-posted work on the web will adhere to copyright laws.

Indemnification - indemnify and hold harmless the Poway Unified School District, its coaches, agents and employees from and against any and all liability. I and my below-named student agree to defend, indemnify and hold harmless the Poway Unified School District, its coaches, agents and employees from and against any and all liability, loss, expense (including reasonable attorney's fees), or claims for illness or injury or damages which may be made by any person, including but not limited to the named student, which may arise from participation in this activity, whether or not involving negligent or intentional acts or omissions of any person.

I understand that due to expenses incurred at the beginning of each year in preparation for providing the opportunity for my child and regardless of my child's participation level during the year, there will be absolutely no refunds either partial or in full.

Participant Name (Please Print): _____

Grade: _____

Participant Signature: _____ Date: _____

If participant is a student, name and signature of Parent or Legal Guardian is needed:

Print Name of Parent or Legal Guardian (if under 18 years of age)

Signature of Parent or Legal Guardian (if under 18 years of age)