REGION 12 MICHIGAN SCIENCE OLYMPIAD

2020 PARTICIPANT DATA/ASSURANCE FORM

Division B



<u>IMPORTANT</u>: In order for your team to compete, this document **must** be turned in at Coaches Check-in **with both the coach and principal signatures**. Coaches Check-in (choose one check-in time): Friday-March 27, 3:30-5:30 p.m. or Saturday-March 28, 8-8:30 a.m. Location: Fieldhouse Upper Arena Lobby, Grand Valley State University

School Name		Team Number	
	Division B teams are limited to	 FIVE (5) ninth grade studer	nts
	Division C teams are limited to S		
	Student First Name	Student Last Name	Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Please indicate the number of students on your team in each category, even if they did not compete (use only ONE category per student).

Photo Release: Forms for ALL team members are on file at school. Circle One		
Yes	No	

Gender – Indicate number of students	
Male:	Female:
Non-binary:	Prefer to self describe:
Prefer not to answer:	

Race / Ethnicity – Indicate number of students		
American Indian or Alaska Native:	Native Hawaiin or Pacific Islander:	
Black or African-American:	Prefer not to say:	
Asian:	Unknown:	
Caucasian/White:		

Hispanic/Latino – Indicate number of students	
Yes:	No:

Initial boxes to indicate statements are TRUE.

Principal print name_

		Parental permission/Field trip forms are on file at school.
	I	certify that all of the above students are active members of our school at the grade level indicated.
	I	verify that all construction devices were built by Science Olympiad team members (including alternates) of the 2019-2020 school year.
oach p	orint name	Signature

Signature _