

Participant Registration Form

VIRGINIA JUNIOR ACADEMY OF SCIENCE

66th ANNUAL MEETING

WEDNESDAY, MAY 23 – FRIDAY, MAY 25, 2007

James Madison University

Harrisonburg, Virginia

Please duplicate this form as needed for each registrant

Print clearly in black ink.

Student ID: _____

Suffix: _____ Last Name: _____ First Name: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Affiliate School/Organization: _____

E-mail: _____

Home phone: (____)____-____

Work phone: (____)____-____

Fax: (____)____-____

Do you have a disability for which you need assistance? Yes* _____ No _____

*If yes, describe the assistance you need _____

Payment Deadline: May 1, 2007

Registration Options	
Option A (registration, lodging, meals, and activities)	
<input type="checkbox"/> A1 Double Occupancy	\$125.00 per person\$ _____
<input type="checkbox"/> A2 Single Occupancy (Adults Only)	\$135.00 per person\$ _____
Option B (registration, meals, and activities)	
<input type="checkbox"/> Thursday Only (no lodging)	\$65.00 per person\$ _____

Payment Method:

Please pay the selected amount to the appropriate official at your school.

Signature of registrant: _____

Parent/Guest Registration Form – Thursday Events Only

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Print clearly in black ink.

Suffix: _____ Last Name: _____ First Name: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Affiliate School/Organization: _____

E-mail: _____

Home phone: (_____)_____-_____

Work phone: (_____)_____-_____

Fax: (_____)_____-_____

Do you have a disability for which you need assistance? Yes* _____ No _____

* If yes, describe the assistance you need _____

Registration fees – Deadline: May 1, 2007

Parent / Guest Option			
VJAS Registration, Thursday sessions only (no meals)	# of Parents / Guests	Cost per Person	Total
Includes program and name badge	_____	x \$5.00	= \$ _____

Payment method:

Make checks payable to James Madison University.

Enclosed is my payment of \$ _____ **TOTAL**

I understand that this fee is nonrefundable after May 1, 2007.

Signature: _____

Please return this form and payment by check or money order to:
Attn: VJAS 2007, Events & Conferences, MSC 3501, Harrisonburg, VA 22807

Room Assignment Form

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Instructions:

1. Please TYPE the names of males and females who will be attending in the left and right columns, respectively. Type all names (including sponsors) exactly as they should appear on nametags. Sponsors are responsible for pairing students as roommates on this form. Indicate the registration option selected.
2. Please identify sponsors and other adults by an asterisk (*). Single occupancy is for adults only. There must be one adult for every eight students attending this meeting. Sponsors will stay in the assigned residence hall with their students.
3. Identify individuals with special requirements due to disabilities and describe their requirements.
4. Do not write on back. Please copy this form if additional space is needed.

Name of School: _____

Name of Sponsor: _____

Option	Name (males)	Option	Name (females)
1.a		1.a	
1.b		1.b	
2.a		2.a	
2.b		2.b	
3.a		3.a	
3.b		3.b	
4.a		4.a	
4.b		4.b	
5.a		5.a	
5.b		5.b	
6.a		6.a	
6.b		6.b	
7.a		7.a	
7.b		7.b	

8.a		8.a	
8.b		8.b	
9.a		9.a	
9.b		9.b	
10.a		10.a	
10.b		10.b	
11.a		11.a	
11.b		11.b	
12.a		12.a	
12.b		12.b	
13.a		13.a	
13.b		13.b	
14.a		14.a	
14.b		14.b	
15.a		15.a	
15.b		15.b	
16.a		16.a	
16.b		16.b	
17.a		17.a	
17.b		17.b	
18.a		18.a	
18.b		18.b	
19.a		19.a	
19.b		19.b	
20.a		20.a	
20.b		20.b	

VJAS Medical Consent Form

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James Madison University

Harrisonburg, Virginia

I hereby authorize the physicians, nurse practitioners, physician assistants and staff members of the selected hospital, or the James Madison University Student Health Services, to examine, interview, test and, if necessary, treat my son/daughter:

Last name	First name	Middle Initial
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as they may deem advisable and disclose such information to other responsible university officials as necessary.

Print clearly in black ink.

Parent/Guardian signature _____

Relationship: _____ Date: _____

Emergency contact: _____

Emergency telephone number: _____

Health insurance carrier _____

Health insurance phone number: _____

Health insurance policy number: _____

Policyholder's name: _____

This form MUST accompany the registration forms in order to attend the conference

VJAS Media/Broadcast Release Form

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James Madison University

Harrisonburg, Virginia

I, _____ do hereby give the Virginia Academy of Science, the Virginia Junior Academy of
(print student name)
Science, AND JAMES MADISON UNIVERSITY, their assigns and legal representative the irrevocable right to use my photograph or
video images in all forms and media for education or other lawful purposes in its publications and displays. I waive my right to
preview or approve the finished product, including written copy that may be created in connection therewith. I understand no fee
will be paid to me now or in the future. I have read this release and understand its contents.

Teacher: _____ Student: _____

School name: _____ Date: _____

Name of newspaper to which publicity release should be sent (if known):

CONSENT

As the parent and/or guardian of the minor named above, I have the legal authority to execute the above release. I approve the foregoing and waive my rights in the premises.

Parent/Guardian:

(Print name) _____ (Signature) _____

Relationship to minor: _____ Date: _____

Print address: _____

City _____ State _____ Zip _____

*****This form MUST accompany the registration forms in order to attend the conference*****