

# Participant Registration Form

## VIRGINIA JUNIOR ACADEMY OF SCIENCE

### 69<sup>th</sup> ANNUAL MEETING

WEDNESDAY, MAY 19 – FRIDAY, MAY 21, 2010

James Madison University

Harrisonburg, Virginia

*Please duplicate this form as needed for each registrant*

**Print clearly in black ink.**

Student ID: \_\_\_\_\_

Male  Female Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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 \_\_\_\_\_

Do you have any special meal needs? Vegetarian \_\_\_\_\_ Other \_\_\_\_\_

#### Registration Options

##### Option A (registration, lodging, meals, and activities)

A1 Double Occupancy ..... \$125.00 per person..... \$ \_\_\_\_\_

A2 Single Occupancy (Adults only).....\$135.00 per person..... \$ \_\_\_\_\_

##### Option B (registration, meals and activities)

Thursday Only (no lodging) .....\$65.00 per person..... \$ \_\_\_\_\_

***Registration form and payment postmarked by: May 1, 2010***

#### Payment Method:

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

Signature of registrant: \_\_\_\_\_

# Teacher's Summary Sheet – VJAS Registration

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Harrisonburg, Virginia

Registration postmarked deadline: May 1, 2010

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<b>Name of school:</b>	<b>School division:</b>
<b>School address:</b>	<b>Area code/daytime phone number:</b> (     )     --
<b>Name of head sponsor:</b>	<b>Signature:</b>

Summary of attendees and fees:

### Registration Options

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

*\*\* Make one check or money order payable to James Madison University \*\**

### Payment Method:

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

I understand that this fee is nonrefundable after the postmark deadline of May 1, 2010.

Signature: \_\_\_\_\_

Please return this form and payment by check or money order to:  
**Attn: VJAS 2010, Conference Services, MSC 4206, Harrisonburg, VA 22807**

# Parent/Guest Registration Form – Thursday Events Only

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Print clearly in black ink.

Student ID: \_\_\_\_\_

Male  Female Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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 Postmark Deadline: May 1, 2010**

Parent/Guest Option
VJAS Registration, Thursday only (no meals) # of Parents / Guests _____

Signature: \_\_\_\_\_

Please return this form to:

**Attn: VJAS 2010, Conference Services, MSC 4206, Harrisonburg, VA 22807**

# Room Assignment Form

## VIRGINIA JUNIOR ACADEMY OF SCIENCE

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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**

**VIRGINIA JUNIOR ACADEMY OF SCIENCE  
69th ANNUAL MEETING**

WEDNESDAY, MAY 19 - FRIDAY, MAY 21, 2010

James Madison University  
Harrisonburg, Virginia

*Please duplicate this form as needed for each registrant; 3 COPIES REQUIRED*

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:

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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: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Emergency telephone number: \_\_\_\_\_

Health insurance carrier: \_\_\_\_\_

Health insurance phone number: \_\_\_\_\_

Health insurance policy number: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

*Please complete three copies of this form. Retain one copy with the STUDENT, one copy with the responsible GUARDIAN/TEACHER, and one copy for submission with REGISTRATION forms*

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

VJAS Media/Broadcast Release Form

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Harrisonburg, Virginia

I, \_\_\_\_\_ (print student name)

do hereby give the Virginia Academy of Science, the Virginia Junior Academy of 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\*\***

# Special Wednesday Events Registration Form

## VIRGINIA JUNIOR ACADEMY OF SCIENCE

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James Madison University

Harrisonburg, Virginia

#### Print clearly in black ink.

James Madison University is offering tours for students during the afternoon of registration, May 19<sup>th</sup>. Registration for these events is by group, and there must be a sponsor attending with each registered group of students. In order to allow the maximum number of participants to engage in these exciting events, we ask that you provide your first, second, and third choice below. Please include the desired times as well. Registration is on a first come, first served basis, and we will do our best to honor requests; however, not everyone can receive their desired time. To ensure that each guest has enough time to check-in and prepare for the Academy Picnic and General Session, each guest may participate in up to **two** special events, as space permits. For complete details about the tours and workshops, please go to

<http://www.cisat.jmu.edu/vas10/specialevents.html>.

<b>Event</b>	<b>Scheduled Times</b>	<b>Duration</b>
<b>Edith J. Carrier Arboretum Tour</b>	2pm, 3pm, 4pm	45 minutes
<b>Science On a Sphere® (SOS) Mineral Museum</b>	2pm, 2:45pm, 3:30pm (shuttle provided)	SOS – 30 minutes Mineral Museum has open admission
<b>East Campus Dining Hall – Go Green!</b>	2pm, 3pm, 4pm, 5pm	45 minutes
<b>Clean Energy Technologies Tour</b>	3pm and 4pm	30 minutes

Sponsor Name: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

Number of Guests (including sponsor) \_\_\_\_\_

First Choice \_\_\_\_\_ Time \_\_\_\_\_

Second Choice \_\_\_\_\_ Time \_\_\_\_\_

Third Choice \_\_\_\_\_ Time \_\_\_\_\_

Once we receive all registration materials, we will notify you of the two events for which you are scheduled. Each registrant must check-in at the Festival Conference and Student Center Foyer *before* attending the events. Please allow a minimum of 20 minutes to register and travel to the event location.

Please return this form with registration materials by May 1, 2010 to:

**Attn: VJAS 2010, Conference Services, MSC 4206, Harrisonburg, VA 22807**