

SCIENCE INVESTIGATIONS

*Sponsored by the College of Sciences and Mathematics
at Auburn University*

Science Investigations provides a meaningful science lab experience for home schooled students in **grades 6-8**. *All participants must be a minimum of 11 years old by September 9, 2011 and a maximum of 14 years old by September 9, 2011.* The program, held at Auburn University's main campus, is designed to be a learning continuum throughout the year, with eight lab sessions that are designed to build students' science laboratory skills. Additionally, students will develop their own 'science investigation' experiment and present it at the Greater East Alabama Regional Science and Engineering Fair (GEARSEF) in March 2012 at Auburn University.

Due to International Science and Engineering Fair Policies all science fair participants must attend the fair located nearest the county in which they reside. As a result, those wishing to participate in GEARSEF **must reside** in the one of the following counties: Autauga, Barbour, Bullock, Butler, Chambers, Clay, Coffee, Coosa, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Randolph, Russell, or Tallapoosa.

Any student wishing to participate in Science Investigations who does not reside in one of the above counties may attend Science Investigations and partner with a student who lives in one of these counties to do a "team" project (teams can have no more than three students). Students who choose not to do a team project and lives outside the GEARSEF counties may still attend Science Investigations at Auburn University and produce a science and engineering fair project. However, the participant will be responsible for locating their local science and engineering fair, paying any additional dues at their local fair and completing any additional fair paperwork on their own accord. Alabama fair sites are available at <http://asef.uah.edu/>.

I. Registration Procedure

- 1.) Complete the registration form (both pages) and the safety contract.
- 2.) Submit registration form and contract (by US mail, fax, or e-mail) along with payment (we accept checks, Visa, and MasterCard) to:

Science Investigations
COSAM Outreach
131 Sciences Center Classroom Building
Auburn University, AL 36849
Fax: 334-844-5740 ♦ E-mail: erin.percival@auburn.edu

- 3.) You will receive a confirmation email and the assignment for the first session after the completed registration form, safety contract and **full payment** has been received.
- 4.) Seats are limited and therefore space will be assigned on a first-come, first-served basis according to the date the completed registration form, safety contract and **full payment** is received. The registration deadline is **August 31, 2011**.

II. Dates and Location (9-11am)

Students will meet in the Science laboratory on **Auburn University's main campus** (specific room number and drop-off information to be announced).

- September 9, 2011
- October 21, 2011
- November 11, 2011
- December 9, 2011 (Parent Attendance Required)
- January 13, 2012
- February 10, 2012
- March 2012* (Fair Date to be determined)
- April 13, 2012

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III. Registrant Information

First Child:	First	MI	Last	Grade	Birth date (month/day/year)
Second Child:	First	MI	Last	Grade	Birth date (month/day/year)
Third Child:	First	MI	Last	Grade	Birth date (month/day/year)
Home Address:	Street ()	City	County	State	Zip
	Home phone number	Parent E-mail (most frequently used)			

Science Investigations is interested in having up to three parents during each session to help with non-science related issues (Band-Aids, bathroom breaks, etc.). These positions will likely rotate. If you are interested in becoming a parent volunteer, please check the appropriate box below and you will be contacted via e-mail regarding sign-up dates.

- ☐ I am interested in serving as a parent volunteer.
- ☐ I am not interested in serving as a parent volunteer.

IV. Payment

Program Fee (includes 8 sessions during the Fall 2011 and Spring 2012 semesters)

\$70 per child X _____ child(ren) = _____ (Total Due)

☐ Check (payable to Auburn University)

☐ Visa OR ☐ MasterCard

Total Amount Due \$ _____

Card Number: _____

3-digit Security Code: _____

Cardholder's Name: _____

Cardholder's Address: _____
Street City Zip code

Exp. Date: _____

Signature: _____

V. Medical Release and Consents

- ☐ By registering, I understand that my child(ren) are committed to attending all eight sessions* of the program during the Fall 2011 and Spring 2012 semesters.
- ☐ By registering, I understand that my child(ren) is/are committed to producing a science fair project to be presented at the Greater East Alabama Regional Science and Engineering Fair held at Auburn University during the Spring of 2012 or at my local science fair if my family resides outside of the counties served by GEARSEF (see page 1 for detailed list).
- ☐ I acknowledge that individual projects will be chosen by the students based on their interests, ability, and prior experience and will likely involve data collection at home.
- ☐ I acknowledge that my registration for *Science Investigations* is NOT complete until I have submitted a signed/dated safety contract.
- ☐ My child(ren) may be photographed or videotaped for program documentation and promotional purposes.

*Participants attending a fair other than GEARSEF should make plans to attend their fair and will not attend a session at Auburn University in March 2012.

I/We, the undersigned parent(s) or guardian(s) of the minor child(ren) named above, hereby grant permission for my/our child(ren) to participate in all activities in and around Auburn University as part of Science Investigations. Further, I/we agree to assume all risks and liabilities associated with my/our child's participation in said program and to hold Auburn University harmless from all claims that may arise as a result of such participation. In case of emergency, Auburn University has permission to take my child to the nearest hospital (East Alabama Medical Center, Opelika, AL).

Parent/Guardian Signature

Date

Physician's Name (First and Last)

(_____)_____
Physician's Phone

Emergency Contacts:

Parent(s):

(_____) (_____) (_____)_____
Name (First and Last) Home Phone Work Phone Cell Phone

Person responsible for dropping/picking up student:

(_____) (_____) (_____)_____
Name (First and Last) Home Phone Work Phone Cell Phone

Will this person be staying in the city of Auburn during the program times (9:30-12:00)? ☐ Yes ☐ No

Relationship to child: _____

Additional contact other than parent:

(_____) (_____) (_____)_____
Name (First and Last) Home Phone Work Phone Cell Phone

Relationship to child: _____

We want this program to be accessible to all who wish to attend. Should your child have a special need, please let us know in the space provided. List any medical conditions, medications, and allergies that we should be aware of:

