

Mitchell School Science Olympiad 2020 Registration Form

Student Name: _____ Grade: _____ Teacher : _____

T-shirt size _____ Allergies/Health Concerns: _____

Choose your top 3 Events (see attached sheets) We will do our best with placement and may draw from a hat, if needed. Students are expected to actively participate, and practices are mandatory. Visit <https://wesoscience.org/> and see Events for more details about each event

1. _____

3. _____

2. _____

I'm interested in multiple events: Yes / No

Parent/Guardian Contact Information:

Name: _____

Email: _____

Phone: _____

Additional Emergency Contact Information:

Name: _____

Email: _____

Phone: _____

Please check email. Coaches will communicate this way and need your responses and feedback

All families who participate in Science Olympiad are **required** to donate time to the program. Science Olympiad requires MANY event day volunteers on **Saturday, May 9th**. We will have a shift sign up as we get closer to the competition. Please reserve this day now.

By signing below I give my student named above permission to participate in Science Olympiad practices and in the competition on May 9th. I understand that I will be required to volunteer on May 9th, or to provide a volunteer in my place. I also agree to pick my student up on time after each practice.

Signature _____ Date: _____

Questions? Contact Cathleen Haglund at **scienceolympiad@mittchellptoannarbor.org**