

# Adult Registration Form

*47th Annual  
Junior Science, Engineering, and Humanities Symposium (JSEHS)  
University of Florida  
January 24-26, 2010*

Please type or print all information neatly.  
Basic form may be photocopied.  
Submitted form must bear original signatures.

This PDF can be e-mailed to [JSEHS@cpet.ufl.edu](mailto:JSEHS@cpet.ufl.edu) but it must also be mailed and is due by January 8, 2010

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## School Information

School Name: \_\_\_\_\_ School Code: | | | | | | | | | |  
CPET Use Only

County: \_\_\_\_\_ School Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

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## Adult Information

Name: \_\_\_\_\_  
First Middle (Name or Initial) Last

Preferred Salutation: [ ] Miss [ ] Ms. [ ] Mrs. [ ] Mr. [ ] Dr. [ ] Other \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_, FL \_\_\_\_\_  
City Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Gender: [ ] Male [ ] Female Meal Preference: [ ] Beef [ ] Chicken [ ] Pasta/Vegetarian

My status with our group is: [ ] Chaperone [ ] Teacher [ ] Parent (Please select all that apply)  
[ ] Contact [ ] Speaker Sponsor [ ] Volunteer

Names of students I am chaperoning (use additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Roommate (Optional): \_\_\_\_\_ Smoker Roommate? [ ] Yes [ ] No  
Ever y possible effort will be made to honor roommate preferences

Preferred Roommate's School (or Affiliation): \_\_\_\_\_

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## Laboratory Visits

Please indicate the area of research you are interested in for laboratory visits.

[ ] Biological Sciences [ ] Physical Sciences [ ] Both

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## Laboratory Component Objectives

- To provide exposure to current scientific experimentation and technological achievements
- To afford opportunities for discussion with active researchers and research assistants
- To offer provocative demonstrations which stimulate enthusiasm for the sciences, mathematics, and engineering
- To allow observations of the operation of sophisticated and interesting laboratory equipment

[ ] Yes, I would like to volunteer to help with JSEHS program activities!

**Restrictions and Refunds**

There will be no charge for substituting a participant according to the stated substitution guidelines (stated on School Permission Form) if the request is received by **5:00 PM, January 15, 2010**. **Substitutions made after January 15 will be assessed a late registration fee of \$25.00 to cover additional processing costs.** The CPET must be informed of all substitutions prior to their arrival at the JSEHS. A substitution of the opposite gender is allowed if hotel space is available. Any additional hotel charges incurred as a result of this substitution must be borne by the substituting party. **No refunds can be made for cancellations after January 15, 2010.**

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Medical Information**

Please include allergies or medical problems which might require special attention during the JSEHS. Examples are allergies to foods or drugs, diabetes, chronic illness, asthma, recent surgery, fainting problems, physical handicaps, etc.

Insurance: Teachers will be provided with accident insurance by the sponsors of the JSEHS: maximum limit \$2,000 per person per accident and \$10,000 per person for loss of limb, life, etc. A copy of the policy will be made available to the contact teacher upon request.

**Medical Consent and Release of Liability**

This section must be signed before a Notary Public.

- I, \_\_\_\_\_, do hereby request that the University of Florida, through its agents or employees, or through the Center for Precollegiate Education and Training (CPET), take whatever steps necessary to secure medical treatment in the event that I appear to be in need of such treatment while attending the 47<sup>th</sup> Annual Junior Science, Engineering, and Humanities Symposium sponsored by the CPET. I consent to the rendering of all necessary treatment, including admission to a hospital, or other appropriate health care facility, in such institutions and at such places as the University, acting through its agents, deems best. I authorize the agents or employees of the University to execute whatever forms might be necessary to ensure my complete and adequate care; and
- II. In consideration of the benefits to be derived from participating in the 47<sup>th</sup> Annual Junior Science, Engineering, and Humanities Symposium, I release, waive, discharge, and covenant not to sue the University of Florida, the United States Army Research office, the Academy of Applied Science, the 47<sup>th</sup> Annual Junior Science, Engineering, and Humanities Symposium, the Center for Precollegiate Education and Training, The Board of Regents of the State of Florida, the State Board of Education of the State of Florida, the Department of Education of the State of Florida, the State of Florida, their officers, directors, servants, agents or employees from any and all liability, claims, demands, actions, and causes of action, as well as attorneys' fees and court costs, arising out of or relating to any loss, damage or injury including death, that may be sustained or incurred by me, or to any property belonging to me during and/or as a result of my participation in the 47<sup>th</sup> Annual Junior Science, Engineering, and Humanities Symposium, including all travel to and from Gainesville, Florida, immediately prior to, during, and immediately following the program. Further, I assume all risks and hazards incidental to the conduct of the program activities. I further hereby release, absolve, indemnify and hold harmless the organizers, or any and all supervisors employed by them.

\_\_\_\_\_  
State of Florida County

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affix stamp/seal and print or type name of Notary Public and expiration date of commission

\_\_\_\_\_  
Signature of Notary Public

[ ] Personally known to me OR [ ] Produced identification \_\_\_\_\_  
Type of identification produced

**Mail to: 47th Annual JSEHS, Center for Precollegiate Education and Training,  
PO Box 112010, Yon Hall Room 334, Gainesville, FL 32611-2010**