



Exploring the World of Science

New York State Science Olympiad, Inc.
4649 Whetstone Road
Manlius, New York 13104-2516
www.newyorkscioly.org

Student Registration Form:

School Name: _____ Total School Enrollment: _____

Team Number: _____ Team Coach: _____

This form is used to accurately identify Team Members that will be participating on the day of the Tournament. After being signed by a Team's Principal, this form is to be submitted at the time of the Team's check-in on Tournament day.

STUDENT NAMES (Print or Type):

GRADE:

- | | |
|-----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |
| 6) _____ | _____ |
| 7) _____ | _____ |
| 8) _____ | _____ |
| 9) _____ | _____ |
| 10) _____ | _____ |
| 11) _____ | _____ |
| 12) _____ | _____ |
| 13) _____ | _____ |
| 14) _____ | _____ |
| 15) _____ | _____ |

**Division C Teams are limited to seven (7) 12th grade students.
Division B Teams are limited to five (5) 9th grade students.**

I certify that the above students are active members of our school and that all information is correct. I also certify that the Team Coach will have with him/her a completed Medical Form and a Student Publicity Release Form for the students listed above.

Principal Name: _____

Principal Signature: _____

_____ Date