

2019 WORCESTER REGIONAL MIDDLE SCHOOL SCIENCE & ENGINEERING FAIR (WRSEF)

**WORCESTER REGIONAL FAIR DATE: MAY 3, 2019
REGION II REGISTRATION FORM**

**Attach All Approved RSRC Forms (1A, 1B and, if necessary, C and D)
Retain copy of this application and any accompanying material for your records.
Registration Deadline: April 15, 2019 (for Worcester Regional Fair)**

Student Section: Please Print Neatly

Last Name _____ First Name _____ Middle Initial _____

Grade _____ Date of Birth _____ Male ___ Female ___ Home Phone _____

Street Address _____

City / Town _____ State _____ Zip _____

Parent Email: _____

Will you need an electrical outlet for your project display or laptop computer at the fair? **Yes** _____ **No** _____

If YES, bring a heavy-duty/3-pronged extension cord.

****Note: you will receive less than the 40 inches of table space due to the high number of electricity projects**

Parent/Guardian Signature _____

*Includes acknowledgment of your child's project safety approval and permission to participate in Regional and State Science Fairs.

- I grant permission to WRSEF & MSSEF for the release of my child's photograph or video for promotional or informational activities of the State and Regional Science Fairs. **Yes** _____ **No** _____
- I grant permission to WRSEF & MSSEF to release my child's full name, school name, and project title, along with information related to my child's project, for various media (including Internet, electronic, and written media) purposes. *Please also note that regardless of whether you sign this release statement, each participating student's name, school, and project title will be printed in the MSSEF Middle School Program booklet.* **Yes** _____ **No** _____
- I agree to release WRSEF & MSSEF from all claims and liability related to the aforementioned material. **Yes** _____ **No** _____

Parent/Guardian Signature _____

School Section: Please Print

The project has received RSRC approval and I understand the rules of the WRSEF & MSSEF Middle School Division and certify that this student project complies with all state and federal safety regulations.

Teacher's Name _____ Teacher's Signature _____

School Name _____

School Address _____ City _____ State _____ Zip _____

School Phone # _____ Teacher's Active Email _____

All correspondence is done via e-mail through the teacher

Project Section: Please Print

(Check One) Individual Project _____ Team Project _____

Registration Form must be completed for each student in a team.

If team project, please list names of other students. (Maximum of **three** students per team.)

2. _____ 3. _____

Project Title _____

MSSEF, Inc., shall not be responsible for the loss, theft, or damage to exhibits.

Mail Registration Form and all Research Forms by April 1' , 201+ to:

**Lisa Greenwald
379 Cross Street
Boylston, MA 01505**