

STUDENT REGISTRATION FORM: TAME CLUB, DIVISIONAL, STATE STEM COMPETITIONS

DEADLINE: October 30, 2019 is the last day for TAME to receive Student Registrations for the 2020 STEM Competitions

STUDENT INFO & REGISTRATION

Student First Name _____ Student Last Name _____
 School/Organization Name _____ TAME Teacher/Sponsor Name _____
 Date of Birth ____ / ____ / ____ Student Home Address _____ City _____
 ZIP Code _____ Student Phone _____ Student Email _____

<p><u>Gender</u> <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p><u>Grade</u> <input type="checkbox"/> K – 5 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 8 <input type="checkbox"/> 11 <input type="checkbox"/> <input type="checkbox"/> 12</p>	<p><u>T-Shirt Size</u> (<i>Adult Sizes</i>) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL</p>	<p><u>Ethnicity</u> <i>(Check all that apply)</i> <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other _____</p>
<p><u>Math class you are enrolled in</u> <input type="checkbox"/> Elementary Math <input type="checkbox"/> 6th Grade Math <input type="checkbox"/> 7th Grade Math <input type="checkbox"/> 8th Grade Math <input type="checkbox"/> Algebra I <input type="checkbox"/> Geometry <input type="checkbox"/> Calculus <input type="checkbox"/> Algebra II <input type="checkbox"/> Statistics <input type="checkbox"/> Pre-Calculus <input type="checkbox"/> Other _____</p>	<p><u>Science class you are enrolled in</u> <input type="checkbox"/> Elementary Science <input type="checkbox"/> 6th Grade Science <input type="checkbox"/> 7th Grade Science <input type="checkbox"/> 8th Grade Science <input type="checkbox"/> Integrated Physics & Chemistry <input type="checkbox"/> Biology <input type="checkbox"/> AP Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> AP Chemistry <input type="checkbox"/> Physics <input type="checkbox"/> AP Physics <input type="checkbox"/> Environmental Science <input type="checkbox"/> AP Environmental Science <input type="checkbox"/> Other _____</p>	<p><u>What high school endorsement are you considering/have you selected?</u> <i>(Check all that apply)</i> <input type="checkbox"/> STEM <input type="checkbox"/> Business and Industry <input type="checkbox"/> Public Services <input type="checkbox"/> Arts and Humanities <input type="checkbox"/> Multi-Disciplinary</p>	

IMPORTANT: Student must participate in all Divisional STEM Competition activities to be eligible to compete in the State Competition.

- Student is a dependent of a member or reserve member of the U.S. Military (Army, Navy, Air Force, Marine Corps, or Coast Guard), or the Texas National Guard (Army, Air Guard, or State Guard)
- Student qualifies for free/reduced-price meals at school
- Student would be a first-generation college student (neither parent has graduated from college)

List dietary restrictions _____

List special accommodations _____

PARENT/GUARDIAN INFORMATION

ALTERNATE EMERGENCY CONTACT INFORMATION

First & Last Name _____ Phone Number _____
 Email Address _____ Relationship to student _____
 First & Last Name _____ Phone Number _____
 Email Address _____ Relationship to student _____

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STUDENT MEDICAL INFORMATION (OPTIONAL; STUDENT DOES NOT NEED INSURANCE TO PARTICIPATE)

Physician's name _____ Phone # _____

Insurance Carrier _____ Policy # _____

Allergies _____ Date of Last Tetanus Booster _____

Current medical conditions, medications, or accessibility needs during events or travel (wheelchair, crutches, prosthetic, etc.):

Please list all current medications and dosages. (Medication Name, Dosage, Frequency, Reason). All medication that is brought with the student must be in the original container with all labels intact. Prescription labels must have the student's name and current dosage. Dosage of non-prescription medication may not exceed product recommendation without doctor's written orders.

RELEASE OF LIABILITY: READ BEFORE SIGNING

Release: I understand that I/my student ("Student") will participate in TAME Club Events, the Divisional STEM Competition and, if selected, the TAME State STEM Competition (collectively, "TAME Events"), of which ConocoPhillips Company ("ConocoPhillips") is a sponsor.

THEREFORE, FOR (I) MYSELF AS EITHER PARENT, LEGAL GUARDIAN, OR STUDENT; (II) MY LEGAL REPRESENTATIVES; (III) MY HEIRS AND ASSIGNS; AND (IV) ON BEHALF OF THE MINOR CHILD DESIGNATED AS STUDENT (IDENTIFIED BELOW), I HEREBY RELEASE AND FOREVER DISCHARGE CONOCOPHILLIPS, ITS AFFILIATES, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND SUBCONTRACTORS, TAME, OTHER EVENT SPONSORS, THEIR MEMBERS, DIRECTORS, MANAGERS, OFFICERS, AGENTS, AND/OR EMPLOYEES (THE "RELEASEES"), OF AND FROM ANY AND EVERY CLAIM, DEMAND, DAMAGE, INJURY, OR CAUSE OR RIGHT OF ACTION OF WHATEVER KIND OR NATURE EITHER IN LAW OR EQUITY, ARISING FROM STUDENT'S ACCESS TO AND PARTICIPATION IN THE TAME EVENTS, EVEN IF CAUSED BY THE NEGLIGENT ACT OR OMISSION OF THE RELEASEES.

Photography: I grant permission for ConocoPhillips, other TAME program sponsors & TAME to use any photos, film, or videos of me, my Student, or my/my Student's likeness, and any quotes or statements given by me and/or my Student, orally or in writing, without restrictions, in any media, in legitimate accounts and promotions of this event.

I hereby certify that I am at least 18 years old and give this waiver and release freely and knowingly with full understanding of its content and effect. Furthermore, I release full understanding of its content and effect.

OR

I am the parent or legal guardian of the child (under 18 years old) whose name appears below; this child has my permission to participate in the events under the conditions stated above; and I give this waiver and release, in my capacity as a parent or guardian and on behalf of this child, freely and knowingly, with full understanding of its content and effect. I, the undersigned parent or guardian hereby give permission for a representative from TAME to act on my behalf in an emergency situation when I am not present, to authorize medical transportation and care, to the degree he or she believes necessary, including but not limited to authorizing a hospital, clinic or physician to administer emergency medical treatment to the above minor, in case of accident, injury, or physical need. I further agree to indemnify TAME and its agents for all medical expenses incurred in the treatment of the above named child.

CAUTION: THIS IS A FULL AND COMPLETE RELEASE. PLEASE READ CAREFULLY BEFORE SIGNING.

Printed Name of Student

Signature of Student (if at least 18 years old)

Printed name of Parent/Guardian (if Student is under 18)

Signature of Student's Parent/Guardian (if Student is under 18)

Date