



Massachusetts State Science & Engineering Fair

MIDDLE SCHOOL DIVISION - REGISTRATION FORM

Attach All Approved Regional Safety Review Committee (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 14, 2017

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 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 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 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 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 Attach All Approved RSRC Forms (1A, 1B and, if necessary, C and D)

Please return Barb Kotelnicki, MCLA 375 Church St, North Adams, MA 01247

