



**NorCal REGIONAL SCIENCE OLYMPIAD**  
**Official Team List and Device Authentication Statement**

Please list below up to fifteen (15) regular team members who will participate in the Regional Science Olympiad event and up to five (5) alternate team members. **A maximum of five 9<sup>th</sup> grade (Div B) & seven 12<sup>th</sup> grade (Div C) students** on a team is permitted (see National Science Olympiad rules). This list will be included in the NorCal Science Olympiad State Finals registration packet for teams advancing to the Finals. The NorCal Regional & State Tournament Rules are available at the following website: <http://www.norcalscienceolympiad.com/rules.html>

School: \_\_\_\_\_ Div: \_\_\_\_\_ Team # \_\_\_\_\_ Team Name (if more than one team): \_\_\_\_\_

Coach: \_\_\_\_\_ Region: Stanislaus Regional Director: Cheryl Goulart

**Code of Conduct:** By signing below, we pledge to put forth our best effort in the Science Olympiad and to uphold the principles of honest competition. In our events, we will compete with integrity, respect, and sportsmanship towards our fellow competitors. We will display courtesy towards event supervisors, coaches, parents, and tournament officials. Our actions will exemplify the proud spirit of our school, team, region and state.

**Event Device Authentication Statement:** We, the undersigned, attest to the authenticity of all devices being used at the Regional and State Science Olympiad events. All devices to be used in the **2021** Science Olympiad competitions have been newly constructed by one or more team members listed below. The devices have **NOT** been used in past Science Olympiad events.

Print Regular Team Member Name:	Grade:	Regular Team Member Signature:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

*Print Alternate Team Member Name:	Grade:	Alternate Team Member Signature:
1.		
2.		
3.		
4.		
5.		

\*Note: An alternate team member may take the place of a regular team member **for the entire day** should a regular team member be unable to participate at the **State Finals**. Otherwise, an alternate team member cannot participate.

By my signature below I certify that 1) the team is participating as a school sanctioned team and the team and coach are covered by the district's insurance; 2) all students listed above are active members of our school; 3) the grade levels are appropriately indicated; and 4) all devices are designed and built by one of the above listed REGULAR team members.

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Regional Dir.'s Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_