

**Northern BC Regional Science Fair Foundation 2025**

 **Participant Signature Form**

**Registration Summary**

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Declaration**

Please check that you have completed the following items:

\_\_ Signed this form and your partner has signed their form (if applicable)

\_\_ Your parent/guardian has signed this form (and your partner’s parent/guardian has signed their form)

\_\_ The Release of Information form is included and signed by yourself and your parent/guardian

\_\_ If this is a partner project, my partner has signed and submitted all necessary permission forms

Your application for registration will not be considered complete until this form is completed and submitted to the Committee. Further information for Registration will then be sent to your sponsor Adult, i.e., Teacher, Mentor, etc.

I certify that:

-the preparation of this project is mainly my/our own work

-the decision of the judges will be final

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Release of Information Form**

Pursuant to the Freedom of Information and Protection of Privacy Act (FOIPPA), I, as the parent or legal guardian of the student, do hereby agree to the following:

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for him/her to utilize the online tools being provided by the Northern BC Regional Science Fair Foundation and Youth Science Canada, allowing him/her to post their project information on the virtual fair platform of [makeprojects.com](https://makeprojects.com/home). I understand that the work completed on this project may not be a part of the school science curriculum, as determined by the school that he/she attends, and as such may need to be worked on outside of the school setting. As a part of the judging process, I understand that all sessions with judges will be recorded for safety purposes, and that these sessions will be deleted within 90 days of the completion of the fair.

I do hereby grant my permission to take, retain, and publish his/her photograph and written materials about him/her and his/her 2025 Regional Science Fair Project to be displayed on print materials and on the Internet through the Northern BC Regional Science Fair Foundation, Science Fair Foundation BC, Youth Science Canada, and award sponsor websites. I understand, that if he/she is selected for an award at the fair, this information will be shared on the virtual awards ceremony.

I hereby give permission to use the materials to promote the Science Fair Program. This would include various media (both print and video), social media sites, award sponsors, potential sponsors. I understand that materials on social medial sites are in the public domain and these online services may be located outside of Canada.

Please sign and return this form, along with the other forms necessary for this project, to the Northern BC Regional Science Fair Foundation at: northern.bc@youthscience.ca

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (PRINTED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student (PRINTED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_