

Seeding Your Future Workshop Series Registration Form

Each participant must register with a separate form. Space is limited. Participants will be notified **BY EMAIL** of acceptance on a first-come, first-served basis. Registration is limited to students in grades 8-12 or equivalent.

Participant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell (or other) Phone: \_\_\_\_\_

Grade (circle one): 8 9 10 11 12 Age: \_\_\_\_\_ T-shirt size: AS AM AL AXL AXXL

Where do you go to school? \_\_\_\_\_

Email address (primary contact means): \_\_\_\_\_

**Workshop Name**

Understanding Season May 3, 2017 5-7 PM Byrd Science Center Room 110 \_\_\_\_\_

**Snacks will be provided:**

If you have any allergies, dietary restrictions, or special needs, please let us know: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information (REQUIRED)**

Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Other Emergency Contact Name and Phone: \_\_\_\_\_

**Disclaimer: In order to participate, BOTH the consent and assent forms must be signed and returned.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer the following questions to the best of your ability.**

How interested are you in this topic before the workshop? A ton Some A little

What past STEM-related activities have you participated in (what and when)? \_\_\_\_\_

Specifically, have you attended a past Seeding Your Future event (what and when)? \_\_\_\_\_

Do you feel like you are able to do STEM? Yes No

Do you feel like you understand why STEM is important? Yes No

How interested are you in doing STEM for a career? A ton Some A little

What excites you about STEM? \_\_\_\_\_

If you have any questions, contact the conference organizers at [seedingyourfuture@gmail.com](mailto:seedingyourfuture@gmail.com) or visit [seedingyourfuture.weebly.com](http://seedingyourfuture.weebly.com)

**Registration forms must be received one day prior to event. Please mail to the address below or email to the address above.**

Sytil Murphy  
Assistant Professor of Physics  
Shepherd University  
P.O. Box 5000  
Shepherdstown, WV 25443

Sponsored by:



# Parental Consent Form

The Seeding Your Future Workshop Series consists of a set of two-hour workshops aimed at increasing 8-12 grade (or equivalent) students' interest in topics related to math and science. On the registration form and during the workshop, participants will be asked to complete surveys for the purpose of evaluating workshop activities and interest level in math and science. Participants may also be photographed or video-taped during the workshop. Survey responses, photographs, and videos may be used by the workshop organizers or funding agencies for the purposes of evaluating the workshop, professional presentations, and/or promotional materials.

Because the participants are minors, in order for the workshop organizers to be able to use the responses and images of the workshop participants, both parental consent and assent from the minor are needed. This form, which follows federal guidelines, provides parental consent for participation in these aspects of the workshop. Declining to allow participation in these aspects does not prohibit participation in the workshop.

**Study Name:** Seeding Your Future Workshop Series

**Aim of Research Project:** Evaluate and promote the Seeding the Future Workshop Series, evaluate participant interest level in science and math.

**Experimental Procedures:** Participants will complete surveys evaluating workshop activities. Participants will also be video-taped and/or photographed.

**Study Duration:** All activities associated with this study will be completed as part of the workshop.

**Number of Participants:** 180

**Alternate Procedures:** None.

**Confidentiality:** All information provided will be kept anonymous upon publication or presentation. However, identifiable features, like faces, may be present in the photographs and videos. Your inclusion in this research is voluntary. For further information about this research project and your rights within it, please contact Dr. Sytil Murphy at [smurphy@shepherd.edu](mailto:smurphy@shepherd.edu) or 304-876-5782.

Your participation involves no foreseeable risks and no direct benefits to you. In the event of a research related injury, please contact Dr. Larry Daily, IRB chair (304-876-5297).

- I agree to allow the workshop organizers to use my child's responses and images for the above purposes.
- I do not agree to allow the workshop organizers to use my child's responses and images for the above purposes.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Any questions regarding your rights as a research participant may be addressed to the Shepherd University Institutional Review Board (Dr. Larry Daily, IRB Chair, 304-876-5297). All research projects that are carried out by investigators at Shepherd University are governed by the requirements of the University and the Federal Government.**

## Participant Assent Form

The Seeding Your Future Workshop Series consists of a set of two-hour workshops aimed at increasing 8-12 grade (or equivalent) students' interest in topics related to math and science. On the registration form and during the workshop, participants will be asked to complete surveys for the purpose of evaluating workshop activities and interest level in math and science. Participants may also be photographed or video-taped during the workshop. Survey responses, photographs, and videos may be used by the workshop organizers or funding agencies for the purposes of evaluating the workshop, professional presentations, and/or promotional materials.

Because most of the participants are minors, in order for the workshop organizers to be able to use the responses and images of the workshop participants, both parental consent and assent from the minor are needed. This form, which follows federal guidelines, provides the attendee the opportunity to assent to participation in these aspects of the conference. Declining assent to participate in these aspects does not prohibit participation in the workshop.

**Study Name:** Seeding Your Future Workshop Series

**Aim of Research Project:** Evaluate and promote the Seeding the Future Workshop Series, evaluate participant interest level in science and math.

**Experimental Procedures:** Participants will complete surveys evaluating workshop activities. Participants will also be video-taped and/or photographed.

**Study Duration:** All activities associated with this study will be completed as part of the workshop.

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Your participation involves no foreseeable risks and no direct benefits to you. In the event of a research related injury, please contact Dr. Larry Daily, IRB chair (304-876-5297).

- I agree to allow the conference organizers to use my responses and images for the above purposes.
- I do not agree to allow the conference organizers to use my responses and images for the above purposes.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Any questions regarding your rights as a research participant may be addressed to the Shepherd University Institutional Review Board (Dr. Larry Daily, IRB Chair, 304-876-5297). All research projects that are carried out by investigators at Shepherd University are governed by the requirements of the University and the Federal Government.**