

## Junior Shark Tank Application

Please email completed application to [info@systemcoalition.org](mailto:info@systemcoalition.org).

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Personal/Cell Phone(s): \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Parent/Guardian Work/Cell Phone(s): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Allergies, Illness, Disabilities, or other medical conditions: NO  YES

If Yes, please list condition(s) and list any medications taken:

\_\_\_\_\_  
 \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

High School: \_\_\_\_\_

Grade (as of Spring 2019): \_\_\_\_\_ GPA: \_\_\_\_\_

Were you nominated for this program? NO  YES

If Yes, please include the name of your nominator and phone number:

Name: \_\_\_\_\_ Phone (if known): \_\_\_\_\_

Do you have parents or siblings who have served in the armed forces? NO  YES

If Yes, please list: \_\_\_\_\_

Ethnicity: Asian American  Black  Latino  Middle Eastern

Native American  Pacific Islander  White  Other

Do you qualify for the National School Lunch Program? NO  YES

Will you be driving yourself to Junior Shark Tank? NO  YES

If No, please list names of authorized adults for pick up/drop off: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Any additional information we should know? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Please answer the following Essay Questions on an attached sheet (Please limit your answers to 250 words or less):**

1. What interests you about Junior Shark Tank?
2. If you could invent anything, what would it be and why?
3. What skills, knowledge or passion will you bring to your Junior Shark Tank team?
4. Do you have any background in workshop tools or computer programming? If so, which ones?
5. Is there anything else you would like to tell us about yourself?
6. How did you hear about Junior Shark Tank?

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



S. Y.STEM COALITION

RELEASE, WAIVER OF LIABILITY, COVENANT NOT TO SUE AND LIKENESS RELEASE

**(READ CAREFULLY BEFORE SIGNING)**

I, \_\_\_\_\_, hereby acknowledge my awareness that my child's participation in the S.Y.STEM COALITION Junior Shark Tank program may involve activities which include, but are not limited to, the following: use of various power and hand tools in the manufacture or assembly of a Shark Tank project.

I also understand that my child's participation in the aforementioned activities may expose my child to risks of property damage and bodily or personal injury, including injury that may be fatal. In addition, I understand that my child may be exposed to other risks which may not be foreseeable. I have been informed by reading the description online and orientation materials and understand that there are inherent risks and dangers involved in this activity. I knowingly and freely assume, on behalf of my child, any and all such risks and voluntarily participate in this activity. I understand that it is my responsibility, as the participant's parent, to allow my child to engage only in those activities which are appropriate.

I acknowledge that my child must follow the instructions of the activity leader at all times. In addition, I understand that none of the following entities provides insurance coverage for my child's participation in S.Y.STEM COALITION Junior Shark Tank program and that it is strongly recommended that I obtain my own accident and health insurance to cover my child prior to participating: S.Y.STEM COALITION, JTED at S.T.A.R. Academic Center and any other participating agency.

In exchange for the use of equipment, materials, supplies and for being allowed to participate in this program, I hereby release and forever discharge S.Y.STEM COALITION, its volunteers, staff and Board of Directors, JTED at S.T.A.R. Academic Center, and all sponsoring agencies and their members individually and their officers, agents and employees, from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, death or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my child's participation in this activity.

I agree that neither S.Y.STEM COALITION nor JTED at S.T.A.R Academic Center, nor their Board of Directors, staff, and volunteers are responsible for any protection of any intellectual property associated with any Shark Tank project developed by a participant. Any intellectual property developed by any Shark Tank participant is solely owned by and the responsibility of the participant. I agree that neither S.Y.STEM COALITION nor JTED at S.T.A.R Academic Center is responsible for the outcome of the competition, or the decision of the judges on any Shark Tank project. I hereby irrevocably consent to and authorize the use by the S.Y.STEM COALITION and its employees, of the undersigned's image and/or likeness as follows: S.Y.STEM COALITION shall have the right to photograph, publish, re-publish, adapt, exhibit, reproduce, edit, distribute, display or otherwise use or reuse the undersigned's image and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in S.Y.STEM COALITION's products or services. The undersigned acknowledges receipt of good and valuable consideration in exchange for this Release which may be the opportunity to represent S.Y.STEM COALITION in its promotional and advertising materials. I hereby waive the right to inspect or approve my child's image or any finished materials that incorporate my child's image. I understand and agree that my child's image will become part of S.Y.STEM COALITION's photograph file and that it may be distributed to other organizations or individuals for use in publication. I also understand that I will receive no compensation in connection with the use of my child's image. I further



covenant and agree that for the consideration stated above, I will hold forever harmless and will not take legal action against S.Y.STEM COALITION, its volunteers, staff, and Board of Directors, and its members individually, and officers, agents, and employees for any claim for damages arising or growing out of my child's participation in this activity whether caused by negligence or otherwise.

I certify that I am the parent/legal guardian for this child. This consent is given freely and voluntarily by the undersigned without coercion, duress, threat or promise of any kind. I certify that I understand and have read the information on all pages above carefully before signing.

\_\_\_\_\_  
PRINTED NAME OF CHILD

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME of PARENT/LEGAL GUARDIAN