

**Please return this form via fax or email by within 10 business days of receipt. Failure to submit all required forms on time will result in the participant's loss of eligibility to compete.**

**U.S. DEPARTMENT OF ENERGY OFFICE OF SCIENCE  
2017 NATIONAL SCIENCE BOWL®**

**PARENTAL CONSENT FOR HOMESCHOOL TEAMS**

Team Name \_\_\_\_\_

Team Coach \_\_\_\_\_

I, (Mr., Mrs., Ms.) \_\_\_\_\_, the parent or legal guardian, as appropriate, of \_\_\_\_\_, understand and agree to the following:

- My child will attend team practices for the 2017 National Science Bowl® under the supervision of the team coach named above;
- My child will travel to a 2017 National Science Bowl® regional event under the supervision of the team coach named above;
- If my child's team is invited to attend the National Finals of the 2017 National Science Bowl® my child will travel to the National Science Bowl® under the supervision of the team coach named above;
- I will be financially responsible for any damages caused by my child at the National Finals of the 2017 National Science Bowl® - including damages at the National 4-H Youth Conference Center, the George Washington University Lisner Auditorium, or on any National Science Bowl® bus used for transportation; and
- If my child does not completely adhere to the items outlined in the 2017 National Science Bowl® regional and national rules, the Code of Conduct for the National Finals and the Team Commitment forms for the National Finals, my child will not be able to participate in any National Science Bowl® regional or national event in 2017.

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian in Ink)

Date \_\_\_\_\_

NOTE: Team members 18 or older may sign this form.

Please return this completed form, within 10 business days of receipt, via fax or email as detailed below:

**FAX:** 202-586-8842

**Email:** national.science.bowl@science.doe.gov