



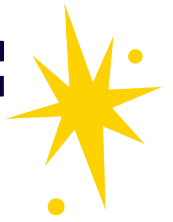
Download, complete, and sign this form and send via email to 2020@nei.nih.gov with a link to your unlisted video and signed video release form.

Section 1: Submission Information

Please respond to the following questions by placing a check mark or 'X' in the answer box that corresponds to your response.

<p>You are registering for this Challenge as an</p>	<p><input type="checkbox"/> Team¹ (<i>i.e., on behalf of a group of individuals</i>).</p> <p>Note: If you are registering for this challenge as an <u>individual</u>, please visit the Eye On The Future website to download the <u>individual</u> registration form.</p>
<p>Choose a video submission category Select 1 option</p>	<p><input type="checkbox"/> Category 1: Science in your World</p> <p><input type="checkbox"/> Category 2: Science in Action</p> <p><input type="checkbox"/> Category 3: Science in your Future</p>
<p>Submission Title</p>	
<p>Unlisted YouTube link for submission</p>	
<p>Video Description Write 2-3 sentences describing the goal of the video</p>	
<p>Sources used for video submission List all online or print sources</p>	

¹ To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of a group of individuals (*i.e., as a TEAM*) must be a citizen or permanent resident of the United States. However, non-U.S. citizens and non-permanent residents can participate as a member of a TEAM that otherwise satisfies the eligibility criteria. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part). Their participation as part of a winning TEAM, if applicable, may be recognized when the results are announced.



Students: How did you hear about this contest?

(Select all that apply)

- | | |
|--|---|
| <p><input type="checkbox"/> Influencer Promotion
<i>(e.g., through social media influencers on Instagram, YouTube, TikTok)</i></p> <p><input type="checkbox"/> Short-Form Video Platform Advertisement <i>(e.g., Instagram Reels or YouTube Shorts)</i></p> <p><input type="checkbox"/> News Article / Media Coverage
<i>(e.g., online article from a news website or magazine)</i></p> <p><input type="checkbox"/> Past Contest Award-Winner or Participant</p> <p><input type="checkbox"/> Community Organization or Program <i>(e.g., Boys & Girls Clubs, YMCAs, after- school programs)</i></p> <p><input type="checkbox"/> Educator / School Counselor
<i>(e.g., shared by a teacher, school announcement)</i></p> <p><input type="checkbox"/> Parent / Legal Guardian / Other Family Member or Trusted Adult</p> | <p><input type="checkbox"/> NIH Promotion <i>(e.g., NIH homepage or other NIH Institutes and Centers)</i></p> <p><input type="checkbox"/> NEI Social Media Post
<i>(e.g., Facebook, Twitter/X, LinkedIn post)</i></p> <p><input type="checkbox"/> Sponsored Social Media Post</p> <p><input type="checkbox"/> Challenge.gov</p> <p><input type="checkbox"/> NEI Website / Eye Health Connection Newsletter</p> <p><input type="checkbox"/> Flyer</p> <p><input type="checkbox"/> Text Message</p> <p><input type="checkbox"/> Friend</p> <p><input type="checkbox"/> Event <i>(please specify the event)</i>

_____</p> <p><input type="checkbox"/> Other <i>(please specify where you heard about this contest)</i>

_____</p> |
|--|---|



Section 2: Contact Information

If you are registering for this Challenge on behalf of a TEAM, provide the following information about the **TEAM LEADER**. Also, please include your individual contribution to the production of the video (i.e., research, writing, editing, filming, etc.).

Team Leader's Information

First and Last Name			
Email			
Phone Number			
Grade Level		Age	

School Information

School Name			
City		State	
Zip Code		Country	



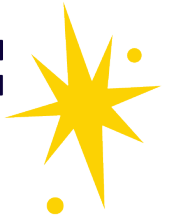
Please note that the questions below will not impact your submission scoring.

<p>Contribution to team video submission Please be specific about your individual contribution to video submission</p>	
<p>We want to know about you! In 500 words or less, briefly introduce your team, your team's interests, background in science (if any), and why you chose to submit your topic.</p>	
<p>List external support received Please share if an adult (<i>i.e., family member, teacher, scientific mentor, etc.</i>) helped you with your submission and how they supported you.</p>	



Team Member #2's Information

First and Last Name			
Email			
Phone Number			
Grade Level		Age	
School Name			
Contribution to team video submission Please be specific about your individual contribution to video submission			



Team Member #3's Information

First and Last Name			
Email			
Phone Number			
Grade Level		Age	
School Name			
Contribution to team video submission Please be specific about your individual contribution to video submission			



Consent Form

Please read the statement below and complete the following certification. For TEAM LEADERS and MEMBERS who are under the age of 18, a parent or legal guardian must also sign.

For Team Leader

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated on <https://www.challenge.gov/> for the *Eye on the Future Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them

Team Leader Signature

Print Name

Date

Parent/Legal Guardian
Signature

Print Name

Date

Parent/Legal Guardian Email



For Team Member #2

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated on <https://www.challenge.gov> for the *Eye on the Future Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them

Team Member #2 Signature

Print Name

Date

Parent/Legal Guardian
Signature

Print Name

Date

Parent/Legal Guardian Email



For Team Member #3

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated on <https://www.challenge.gov> for the *Eye on the Future Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them

Team Member #3 Signature

Print Name

Date

Parent/Legal Guardian
Signature

Print Name

Date

Parent/Legal Guardian Email

Parents/Legal Guardians: How did you hear about this contest?

(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Your Child / Dependent | <input type="checkbox"/> NIH Promotion (e.g., NIH homepage or other NIH Institutes and Centers) |
| <input type="checkbox"/> Influencer Promotion (e.g., through social media influencers on Instagram, YouTube, TikTok) | <input type="checkbox"/> NEI Social Media Post (e.g., Facebook, Twitter/X, LinkedIn post) |
| <input type="checkbox"/> Short-Form Video Platform Advertisement (e.g., Instagram Reels or YouTube Shorts) | <input type="checkbox"/> Sponsored Social Media Post |
| <input type="checkbox"/> News Article / Media Coverage (e.g., online article from a news website or magazine) | <input type="checkbox"/> Challenge.gov |
| <input type="checkbox"/> Past Contest Award-Winner or Participant | <input type="checkbox"/> NEI Website / Eye Health Connection Newsletter |
| <input type="checkbox"/> Student's Community Organization or Program (e.g., Boys & Girls Clubs, YMCAs, after-school programs) | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Student's Educator / School Counselor (e.g., shared by a teacher, school announcement) | <input type="checkbox"/> Text Message |
| | <input type="checkbox"/> Family Member / Friend / Colleague |
| | <input type="checkbox"/> Event (please specify the event)

_____ |
| | <input type="checkbox"/> Other (please specify where you heard about this contest)

_____ |