

NEI Eye on the Future (EOTF) Teen Video Contest Participant Registration Form (Team Submissions)

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.

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|---|---------------------------------------|--|---------------------------------|--|---|--|--|
| We are registering for this Challenge as a: | <input type="checkbox"/> TEAM¹ (<i>i.e., on behalf of a group of individuals</i>). <i>Note: If you are registering for this challenge as a <u>individual</u>, please visit nei.nih.gov/EyeOnTheFuture to download the <u>individual</u> registration form.</i> | | | | | | | | | | | | | | |
| Choose a video submission category: <i>Select 1 option</i> | <input type="checkbox"/> Category 1: Science in your world <input type="checkbox"/> Category 2: Science in the field or lab <input type="checkbox"/> Category 3: Science in your future | | | | | | | | | | | | | | |
| Submission Title: | | | | | | | | | | | | | | | |
| Unlisted YouTube link for submission: | | | | | | | | | | | | | | | |
| Video Description: <i>Write 2-3 sentences describing the goal of the video</i> | | | | | | | | | | | | | | | |
| Sources used for video submission: <i>List all online or print sources</i> | | | | | | | | | | | | | | | |
| How did you hear about this contest? <i>Select all that apply</i> | <table border="0"> <tr> <td><input type="checkbox"/> NIH/NEI email or newsletter</td> <td><input type="checkbox"/> Social media influencer</td> </tr> <tr> <td><input type="checkbox"/> Other email or newsletter</td> <td><input type="checkbox"/> Challenge.gov website</td> </tr> <tr> <td><input type="checkbox"/> NIH/NEI Facebook, Twitter, Instagram, or LinkedIn post</td> <td><input type="checkbox"/> Word of mouth</td> </tr> <tr> <td><input type="checkbox"/> Other Facebook, Twitter, Instagram, or LinkedIn post</td> <td><input type="checkbox"/> Text message</td> </tr> <tr> <td></td> <td><input type="checkbox"/> School</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Club or organization</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other: _____</td> </tr> </table> | <input type="checkbox"/> NIH/NEI email or newsletter | <input type="checkbox"/> Social media influencer | <input type="checkbox"/> Other email or newsletter | <input type="checkbox"/> Challenge.gov website | <input type="checkbox"/> NIH/NEI Facebook, Twitter, Instagram, or LinkedIn post | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Other Facebook, Twitter, Instagram, or LinkedIn post | <input type="checkbox"/> Text message | | <input type="checkbox"/> School | | <input type="checkbox"/> Club or organization | | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NIH/NEI email or newsletter | <input type="checkbox"/> Social media influencer | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other email or newsletter | <input type="checkbox"/> Challenge.gov website | | | | | | | | | | | | | | |
| <input type="checkbox"/> NIH/NEI Facebook, Twitter, Instagram, or LinkedIn post | <input type="checkbox"/> Word of mouth | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other Facebook, Twitter, Instagram, or LinkedIn post | <input type="checkbox"/> Text message | | | | | | | | | | | | | | |
| | <input type="checkbox"/> School | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Club or organization | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Other: _____ | | | | | | | | | | | | | | |

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.

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 First and Last Name: | | | |
| Email: | | Phone Number: | |
| Grade Level: | | Age: | |
| School Name: | | | |
| City: | | State: | |
| Zip Code: | | Country: | |
| Contribution to team video submission: <i>Please be specific about your individual contribution to video submission.</i> | | | |
| Please note that the questions below will not impact your submission scoring. | | | |
| We want to learn about you! <i>In 500 words or less, briefly introduce your team, your team's interests, background in science (if any), and why you chose to submit about your topic.</i> | | | |
| List external support received: <i>Please share if an adult (i.e., family member, teacher, scientific mentor, etc.) helped you with your</i> | | | |

| | |
|---|--|
| <i>submission and how they supported you.</i> | |
|---|--|

Also, provide the name(s) and contact information for **each member of the TEAM**. Also, please include their individual contribution to the production of the video (i.e., research, writing, editing, filming, etc.).

| | | | |
|--|--|----------------------|--|
| Team Member #2 | | | |
| First and Last Name: | | | |
| Email: | | Phone Number: | |
| Grade Level: | | Age: | |
| School Name: | | | |
| Contribution to team video submission: <i>Please be specific about your individual contribution to video submission.</i> | | | |

| | | | |
|--|--|----------------------|--|
| Team Member #3 | | | |
| First and Last Name: | | | |
| Email: | | Phone Number: | |
| Grade Level: | | Age: | |
| School Name: | | | |
| Contribution to team video submission: <i>Please be specific about your individual contribution to video submission.</i> | | | |

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 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 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 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