

2008 Iowa Electrathon Program Registration

Advisor(s)

School/Organization

Advisor(s) Email(s)

Contact Mailing Address

Primary Advisor's Home Phone

City/State/Zip

Daytime Phone (and Ext)

Please Fill out completely and send to:
Iowa Electrathon
Center for Energy and Environmental Education
University of Northern Iowa
Cedar Falls, IA 50614-0293

Car Number and Class Request:
(IE approves numbers)
_____ Class ____ # _____ Class ____
_____ Class ____ # _____ Class ____
_____ Class ____ # _____ Class ____

Advisors: Signing this registration form demonstrates your commitment to abide by the rules and regulations established by Iowa Electrathon. You also signify the following:

1. Your team members are knowledgeable of the revised rules for 2008.
2. Your team members recognize and promote by their actions the following:
 - a) Student satisfaction
 - b) Integrity
 - c) People working together cooperatively
 - d) Respect for all people
 - e) Enhancing the reputation of IE
3. Your team members and advisors maintain a professional relationship with each other, their colleagues, and IE personnel by these actions:
 - a) Refraining from the use of profanity
 - b) Being truthful
 - c) Minimize gossip and negative comments about other IE members, their cars, or IE personnel
4. Your team must have on file, and send to IE an IE Medical Release and Liability Form, signed by the student (or student's parent if he/she is under the age of 18) for the current season for each team member.
5. Your team members and advisors maintain confidentiality while problems between students, advisors, volunteers, track officials, and/or IE staff are being resolved. The following steps will be followed, as needed, to resolve disagreements:
 - a) Direct conversation
 - b) File an IE complaint form
 - c) Review of complaint by IE Director, Manager, and/or Advisory Board
 - d) Resolution between the advisor, IE staff, and if necessary, school principal or other administrator
 - e) Written agreement between advisor, IE, and, if necessary, school administrator

Team Advisors

Print or Type Name	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____