



SCIENCE OLYMPIAD – ADULT PARTICIPANT ROSTER FORM
Central East Region, Kutztown University – March 19, 2026

A scanned copy of this completed form must be submitted to:

elaub@pascioly.org by: February 13, 2026

Name of Home Organization: _____

Address: _____

Telephone: _____

Email: _____

Name of Authorizing Official: _____

Position in Home Organization: _____

The named authorized adults on the second page of this document are employees or volunteers of the Home Organization listed above and have current required background checks on file with the Home Organization. By signing this form, I certify that they have not been convicted of any Reportable Offense enumerated under Pennsylvania's Child Protective Services Law, 23 Pa.C.S. §6344(c), or an offense similar in nature to a Reportable Offense under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of the Commonwealth of Pennsylvania. I further certify that the Home Organization conducted the criminal background checks on file and determined that the above-named authorized adults are fit to serve during the Event.

The Home Organization shall hold Kutztown University harmless from and indemnify the University, the State System of Higher Education, and the Commonwealth of Pennsylvania against any and all third-party claims, demands and actions based upon or arising out of any activities performed by the Home Organization and its employees and agents during this Event, provided the University gives the Home Organization prompt notice of any such claim of which it learns. Pursuant to the Commonwealth Attorneys Act (71 P.S. Section 732-101, et seq.), the Office of Attorney General (OAG) has the sole authority to represent the University in actions brought against the University. The OAG may, however, in its sole discretion and under such terms as it deems appropriate, delegate its right of defense. If OAG delegates the defense to the Home Organization, the University will cooperate with all reasonable requests of the Home Organization made in the defense of such suits. Notwithstanding the above, neither party shall enter into any settlement without the other party's written consent, which shall not be unreasonably withheld. The University may, in its sole discretion, allow the Home Organization to control the defense and any related settlement negotiations.

By signing this form, I swear and affirm under penalty of law that the statements made in this form are true, correct, and complete. I understand that false statements herein, including, without limitation, any failure to accurately report any arrest or conviction for a Reportable Offense, shall subject me to criminal prosecution under 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

Signature of Authorizing Official: _____

Date: _____

15200 Kutztown Road
P.O. Box 730, Kutztown, PA 19530-0730



www.kutztown.edu
Ph: 610-683-4000 / TDD: 610-683-4499

Name(s) of authorized adult(s) attending event:

Coaches must complete this roster form that identifies all **ADULT** team members before team members are allowed to compete. Adult members constitute anyone who is **18 years of age or older**.

[illegible]