Registration for SARSEF Regional Fair

Teacher Information

(primary person that directly supervised student/project)

Name: Samuel Palacios

Email: Tlund@yumacatholic.org cell: (not classroom phone please) 928-210-9131

Student Information

Team Size (How many students participated in this project?): 2

If this is an Individual or Team Project (2-3 people), have each student complete the following information. If this is a group or class project (4+ students), individual student information is not collected.

First Name: Sam Palacios **Last Name:** Palacios

Full Name: (Enter as you would like it to appear on awards) samuel Palacios

Parent Name: Melissa Manzo-Palacios **Parent Email:** manzomeli@gmail.com

Phone: 928 920-3288 (Parent, caregiver, or student)

Student Email, if any: Samuel.Palacios27@yumacatholic.org

The following questions are required for grants that we seek so that we can keep funding SARSEF.

Date of Birth: 08-19-2009

Sex: ___Female X Male ___Non-binary ___Prefer not to say ___ Other:_____

Ethnicity (check all that apply): __Black or African American __Asian X Hispanic or Latino __Native Amer. or Alaska Native __ Native Hawaiian or Pacific Islander __White __Prefer not to say X Other: _____

Each named student should complete the following survey:

- **I have completed a science or engineering project before this one. X Yes __No**
- **Completing this project has encouraged me to ask more questions and/or solve more problems in the future. X Yes __No**
- **Completing this project encouraged me to think about a STEM major in college and/or a career in STEM fields. X Yes __No**
- **I feel like a scientist and/or engineer. X Yes __No**
- **I know I can make the world a better place through science and engineering. X Yes __No**

Media and Email Release

I understand that registration of this SARSEF project includes permission for the student's project to be published on the internet in the SARSEF Fair Virtual Exhibit Hall. I understand that registration of this SARSEF project includes permission for media to use photographs or images taken of the teacher, student or project at the event for general or specific promotion purposes, unless SARSEF is otherwise notified. I also understand that by providing my email address SARSEF will use it to contact me about SARSEF related activities, and that I may opt-out at any time.

Parent Permission (if required by school) _____ **Date** 2/22/26

Checklist for Adult Sponsor (1)

This completed form is required for ALL projects.

To be completed by the Adult Sponsor in collaboration with the student researcher(s):

Student's Name(s): Sam Palacios

Project Title: Electrolyte Showdown

1. [X] I have reviewed the ISEF Rules and Guidelines, including the science fair ethics statement.
2. [X] I have reviewed the student's completed Student Checklist (1A) and Research Plan/Project Summary.
3. [X] I have worked with the student and we have discussed the possible risks involved in the project.
4. [ ] The project involves one or more of the following and requires prior approval by an SRC, IRB, IACUC or IBC:
   - [ ] Humans
   - [ ] Vertebrate Animals
   - [ ] Potentially Hazardous Biological Agents
     - [ ] Microorganisms
     - [ ] rDNA
     - [ ] Tissues
5. [X] Items to be completed for **ALL PROJECTS**
   - [X] Adult Sponsor Checklist (1)
   - [X] Student Checklist (1A)
   - [X] Research Plan/Project Summary
   - [X] Approval Form (1B)
   - [ ] Regulated Research Institutional/Industrial Setting Form (1C) (when applicable; after completed experiment)
   - [ ] Continuation/Research Progression Form (7) (when applicable)

Additional forms required if the project includes the use of one or more of the following (check all that apply):

- [ ] **Humans,** including student designed inventions/prototypes. (Requires prior approval by an Institutional Review Board (IRB); see full text of the rules.)
  - [ ] Human Participants Form (4) or appropriate Institutional IRB documentation
  - [ ] Sample of Informed Consent Form (when applicable and/or required by the IRB)
  - [ ] Qualified Scientist Form (2) (when applicable and/or required by the IRB)
- [ ] **Vertebrate Animals** (Requires prior approval, see full text of the rules.)
  - [ ] Vertebrate Animal Form (5A)-for projects conducted in a school/home/field research site (SRC prior approval required
  - [ ] Vertebrate Animal Form (5B)-for projects conducted at a Regulated Research Institution. (Institutional Animal Care and Use Committee (IACUC) approval required prior experimentation.)
  - [ ] Qualified Scientist Form (2) (Required for all vertebrate animal projects at a regulated research site or when applicable)
- [ ] **Potentially Hazardous Biological Agents** (Requires prior approval by SRC, IACUC or IBC, see full text of the rules.)
  - [ ] Potentially Hazardous Biological Agents Risk Assessment Form (6A)
  - [ ] Human and Vertebrate Animal Tissue Form (6B)-to be completed in addition to Form 6A when project involves the use of fresh or frozen tissue, primary cell cultures, blood, blood products and body fluids.
  - [ ] Qualified Scientist Form (2) (when applicable)
  - [ ] The following are exempt from prior review but require a Risk Assessment Form 3: projects involving protists, archae and similar microorganisms, for projects using manure for composting, fuel production or other non-culturing experiments, projects using color change coliform water test kits, microbial fuel cells, and projects involving decomposing vertebrate organisms.
- [ ] **Hazardous Chemicals, Activities and Devices** (No SRC prior approval required, see full text of the rules.)
  - [ ] Risk Assessment Form (3)
  - [ ] Qualified Scientist Form (2) (required for projects involving DEA-controlled substances or when applicable)
- [X] **Other** 3.
  - [ ] Risk Assessment Form (3)

[X] **I attest to the information checked above and that I have read and agree to abide by the science fair ethics statement.**

Adult Sponsor's Printed Name	Signature	Date of Review (mm/dd/yy)
Trude Lund	Trude Lund	02/18/2026

Phone	Email
928-210-9131	tlund@yumacatholic.org

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sam Palacios Grade: 11

   Email: Samuel.Palacios27@yumacatholic.org Phone: 9285029975

   b. Team Member: _____ c. Team Member: _____

2. Title of Project: Electrolyte Showdown

3. School: Yuma Catholic High School School Phone: 9283177900
   (if multiple schools, list of the team leader or list all schools).

   School Address: 2100 W 28th Street

4. Adult Sponsor: Tayde Lund Phone/Email: Tlund@yumacatholic.org

5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: _____

6. Is this a continuation/progression from a previous year? ☐ Yes ☒ No
   a. If yes, attach the previous year's ☐ Abstract **and** ☐ Research Plan/Project Summary
   b. Explain how this project is new and different from previous years on
   ☐ Continuation/Research Progression Form (7); include forms for all previous years

7. This year's experimentation/data collection (include forms for all previous years):

   10/28/25 (Actual Start Date: (mm/dd/yy)) 10/31/25 (End Date: (mm/dd/yy))

8. Where will you conduct your experimentation? (check all that apply)
   ☐ Research Institution ☐ School ☐ Field ☒ Home ☐ Other: _____

9. Source of Data:
   ☒ Collected self/mentor ☐ Other List all URL(s) in Research Plan: _____

10. List the name and address of all non-home and non-school work site(s), whether you worked there virtually or on-site:

    Name _____ _____

    Address: _____ _____

    _____ _____

    Phone/email 9285029975 _____

11. **Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form.**

12. **An abstract is required for all projects after experimentation.**

Approval Form (1B)

A completed form is required for each student, including all team members.

1. To Be Completed by Student and Parent

a. Student Acknowledgment:

- I understand the risks and possible dangers to me of the proposed research plan.
- I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting this research.
- I have read and agree to uphold all aspects of the student researcher ethics statement.

Student researchers are expected to maintain the highest standards of honesty and integrity. Scientific fraud and misconduct are not condoned at any level of research or competition. Such practices include but are not limited to plagiarism, forgery, use or presentation of other researcher's work as one's own, and fabrication of data. Fraudulent projects will fail to qualify for competition in affiliated fairs and ISEF.

Samuel Palacios	Samuel Palacios	2/5/26
Student's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

b. Parent/Guardian Approval: I have read and understand the risks and possible dangers involved in the **Research Plan/Project Summary**. I consent to my child participating in this research.

Melissa	Melissa	2/5/26
Parent/Guardian's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

2. To be completed by the local or affiliated Fair SRC

(Required for projects requiring prior SRC/IRB APPROVAL. Sign 2a or 2b as appropriate.)

a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).

The SRC/IRB has carefully studied this project's **Research Plan/ Project Summary** and all the required forms are included. My signature indicates approval of the **Research Plan/Project Summary** before the student begins experimentation.

SRC/IRB Chair's Printed Name

Signature

Date of Approval (mm/dd/yy) (Must be prior to experimentation.)

OR

b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval.

This project was conducted at a regulated research institution (**not home or high school, etc.**), was reviewed and approved by the proper institutional board before experimentation and complies with the ISEF Rules. **Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).**

SRC Chair's Printed Name

Signature

Date of Signature (mm/dd/yy) (May be after experimentation)

3. Final ISEF Affiliated Fair SRC Approval (Required for ALL Projects)

SRC Approval After Experimentation and Before Competition at Regional/State/National Fair

I certify that this project adheres to the approved **Research Plan/Project Summary** and complies with all ISEF Rules.

Regional SRC Chair's Printed Name	Signature	Date of Approval (mm/dd/yy)
State/National SRC Chair's Printed Name *(where applicable)*	Signature	Date of Approval (mm/dd/yy)