



## Capital Area Science and Engineering Fair

### Student Exhibitor Entry Form

Please TYPE or NEATLY PRINT all information

#### 1. STUDENT EXHIBITOR INFORMATION

Name Kendre Aditya N Grade 11 Age 16  
Last First M.I.

Name of Parent/Guardian Nivrutti\_Kendre Phone 717-622-1281

Home Address 12\_Hamlet Cir Mechanicsburg 17050  
Street City Zip Code

E-mail Address kendreaditya@gmail.com

School Cumberland Valley HS School Phone 717-697-8261

Sponsor: Christopher Irvin

#### 2. STUDENT PROJECT INFORMATION

Exhibit Title: A Deep Learning Approach for Arrhythmia Detection  
(MAXIMUM of 84 characters)

#### IMPORTANT... TO HAVE YOUR ENTRY ACCEPTED FOR EXHIBITION IN THE CAPITAL AREA SCIENCE AND ENGINEERING FAIR THE FOLLOWING STATEMENTS MUST BE SIGNED.

3. a. I have completed a Research Plan and Approval Form with all required signatures. I have also completed an Exhibit Identification/Project Form and will bring a final hard copy to set up.
- b. If my project involves research with vertebrate animals, human subjects, recombinant DNA, tissue, pathogenic agents or controlled substances, all necessary, completed certification forms were approved by the proper Scientific Review Committee/Institutional Review Board prior to starting the project and all additional recommendations were followed.
4. a. The exhibit which I plan to enter in the Capital Area Science and Engineering Fair, is my own work and has been completed by me within the rules of the Capital Area Science and Engineering Fair with which I am familiar.
- b. If the exhibit is accepted, I hereby agree to abide by all rules of the Capital Area Science and Engineering Fair.
- c. I understand that my exhibit is entered at my own risk and that the Capital Area Science and Engineering Fair and Whitaker Center for Science and the Arts are not responsible for loss or damage to my exhibit or any of its parts.

Student Exhibitor's Signature

5. My son, daughter or ward, whose name appears above and who has signed the statement above, has my permission to participate in the Capital Area Science and Engineering Fair (CASEF) in accordance with its rules and regulations. Additionally, by my signature, I am giving permission for CASEF to publish my child's name and any photographs of my child, named above. I understand that these photographs will be taken for recipients of Special Awards solely for the use of CASEF as well as the sponsoring organization. There is no expiration date on this release and I will not seek compensation for usage.

Parent or Guardian's Signature

#### 6. SCHOOL FAIR DIRECTOR APPROVAL

To the best of my knowledge, the exhibit described on this form is the work of the student entering it and the information given is correct. I've completed and signed a Checklist for Adult Sponsor Form and it is attached to this form. **DUE TO SPACE, SOME PROJECTS MAY NOT BE INCLUDED AT CASEF. IF ANY PROJECT NEEDS TO BE ELIMINATED, IT WILL BE DONE BASED UPON THE RATING ON THE INVENTORY FORM. FAILURE TO RANK AND SIGN EACH PROJECT COULD RESULT IN ELIMINATION OF ALL PROJECTS FROM YOUR SCHOOL.**

Director's: Home Phone 717-343-5155  
Printed Name Mike Florich

E-mail MFlorich@CVSchools.org  
Signature [Signature]

TEACHERS: RETURN THIS FORM WITH ALL REQUIRED FORMS ATTACHED NO LATER THAN ESTABLISHED DEADLINE

CASEF, Fair Director • Whitaker Center for Science and the Arts • 225 Market Street, 2<sup>nd</sup> Floor • Harrisburg, PA 17101

- PLEASE DO NOT FAX ENTRY PACKETS -