

# AASM | SLEEP EDUCATION

## 2026 AASM High School Video Contest

ENTRY FORM

Submission Deadline: Tuesday, March 31 at 12:00 PM EDT

### Student Information

Full Name:	Age:	Grade:
Address:		
Address Line 2:		
City:	State:	Postal Code:
Phone:	Email:	
High School:	Video Link:	
Use of AI in Video?: <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Parent/Guardian Information

Full Name:	Phone:
Email:	

### Sponsoring Teacher Information

Full Name:	Phone:	
Email:		
Address:		
Address Line 2:		
City:	State:	Postal Code:

### Student Signature

With my electronic signature below, I attest that I am the sole author of the work being submitted under my name, that I have not plagiarized/violated the copyright of the work of anyone else in whole or in part, and that this work has never been published. I have read and understand the guidelines for the 2026 AASM High School Video Contest. I give the American Academy of Sleep Medicine (AASM) exclusive copyright ownership of the original work that I am submitting with this form.

Printed Name:	Date:
Signature:	

### Parent/Guardian Signature

With my signature below, I attest that I am the parent or legal guardian of the student named above. I have read and understood the guidelines for the 2026 AASM High School Video Contest. Should my son or daughter be recognized as one of the contest winners, I give the American Academy of Sleep Medicine (AASM) permission to include his/her name in publicity materials.

Printed Name:	Date:
Signature:	

Completed forms can be emailed to Sarah Hashmi at [shashmi@aasm.org](mailto:shashmi@aasm.org)

