



National Ocean Sciences Bowl Regional Competition



***For the Team Coach:** Please make a copy of the completed forms for your records.
If your team advances to the NOSB Finals competition, these forms will be required for each student and you may resend them to the National office.*

Parental Consent Form

I, (Mr., Mrs., Ms.) _____, the legal guardian of
_____, give my consent for
him/her to participate in all activities associated with the 2010 National Ocean Sciences Bowl.

I understand that this will include participation in special events and activities related to the 2010 National Ocean Sciences Bowl, and will include travel under the supervision of the team coach.

I hereby release and discharge the Consortium for Ocean Leadership, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, the Consortium for Ocean Leadership, with respect to the activities of the 2010 National Ocean Sciences Bowl, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child's participation in the activities of the 2010 National Ocean Sciences Bowl.

Printed Name of Legal Guardian

Date

Signature of Legal Guardian

Date



National Ocean Sciences Bowl Regional Competition



For the Team Coach:** Please make a copy of the completed forms for your records. **If your team advances to the NOSB Finals competition, these forms will be required for each student and you may resend them to the National office.

Parental Media Release Form

I hereby authorize and give full consent for _____ to be interviewed, photographed, and/or used in written materials used by the Consortium for Ocean Leadership and any of its affiliated programs. Ocean Leadership may copyright or publish photographs taken and/or statements made by the above signed, both written and verbal. I further agree that Ocean Leadership, or any of its affiliated programs with their permission, may use or cause to be used these statements and/or photographs for any or all exhibitions, public displays, publications and any other promotional venues, without limitation, reservation or compensation.

I understand that any final editing of any interview/photography/written materials done by the news media is not within the control of Ocean Leadership, and Ocean Leadership does not have responsibility for the story that appears on radio/television/newspaper/internet. Written materials, photographs, or video files created by or submitted to Ocean Leadership become the property of this organization and will not be returned to the author/owner/talent.

Print Name: _____
Parent or Legal Guardian

Signature: _____
Parent or Legal Guardian

Address: _____

Phone: (____) _____

Date: _____



National Ocean Sciences Bowl Regional Competition



***For the Team Coach:** Please make a copy of the completed forms for your records.
If your team advances to the NOSB Finals competition, these forms will be required for each student and you may resend them to the National office.*

Student Medical Information and Emergency Notification Form

Name: _____ Birthdate: _____ Sex: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Date of Last Tetanus Shot: _____

Drug Allergies: _____

Physician: _____ Phone Number: _____

Medical Conditions or Previous Surgery: _____

Regular Medications: _____

Special Dietary Requirement (include food allergies): _____

Special Physical Needs: _____

Family Information

Father's Name: _____

Work phone: _____

Mother's Name: _____

Work phone: _____

Legal Guardian (if applicable): _____

Work phone: _____

Emergency Contact: _____ Phone: _____

Relationship to student: _____

Medical/Hospital Insurance Carrier: _____ Policy #: _____

Toll-free number: _____

CONSENT TO MEDICAL CARE AND TREATMENT

[Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment.]

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not available to consult with attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

Signature of parent/guardian

Date