2013 Regional Competition
Student Forms

*Please make a copy of the completed forms for your records. If your team advances to the NOSB Finals, these forms will be required and you will need to resend them to the National office.*

**Parental Consent Form**

I, (Mr., Mrs., Ms.)_________________________________________,

(Guardian’s Full Name)

the legal guardian of _______________________________________,

(Student’s Full Name)

give my consent for him/her to participate in all activities associated with the 2013 National Ocean Sciences Bowl. I understand that this will include participation in special events and activities related to the 2013 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 2013 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 2013 National Ocean Sciences Bowl.

____________________________________________
Signature of Legal Guardian

________________________
Date

**Parental Media Consent**

I hereby authorize and give full consent for ____________________________

(Student’s Full Name)

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.

____________________________________________
Signature of Legal Guardian

________________________
Date
Student Medical Information and Emergency Notification Form

Name:__________________________________________Birthdate:_____________Sex: M F
Street Address: ________________________________________________________________________
City:________________________________State:__________________Zip Code:_____________________
Home Telephone:__________________________________________________________________________
Cellular Phone:__________________________________________________________________________
Date of Last Tetanus Shot:__________________________
Drug Allergies: __________________________________________________________________________
Physician:_________________________________________Phone Number:________________________
Medical Conditions or Previous Surgery:__________________________
Regular Medications:______________________________________________________________
Special Dietary Requirement (include food allergies):__________________________________________
Do you require or prefer a vegetarian meal:________________________________________________
Do you require or prefer a vegan meal:_____________________________________________________
Special Physical Needs:__________________________________________________________________

Family Information

Parent/Legal Guardian’s Name:____________________________________________________________
Parent/Legal Guardian Cell Phone (required):______________________________________________
Work phone:______________________________________________
Emergency Contact:________________________________________Alternate Phone:________________
Cell 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