



2017 Regional Competitions

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



Coach Confidential Medical Information and Emergency Notification Form

Name: _____ Birthdate: _____ Sex: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell 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? Y N Do you require or prefer a vegan meal? Y N

Special Physical Needs: _____

Emergency Notification Information

Emergency Contact: _____ Phone: _____

Relationship: _____

Medical/Hospital Insurance Carrier: _____ Policy #: _____

Toll-free number: _____

CONSENT TO MEDICAL CARE AND TREATMENT

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

Coach Signature

Date



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Coach Media Consent

I _____ hereby authorize and give full consent
(Full Name)

for the Consortium for Ocean Leadership and any of its affiliated programs to interview, photograph, and/or use my name and affiliation in written materials about the program. 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.

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Coach's Signature

Date