



# 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

1201 New York Avenue, NW, 4<sup>th</sup> floor, Washington, DC 20005  
Phone: 202-448-1235; Fax: 202-332-8887  
Website: [www.nosb.org](http://www.nosb.org)



# 2013 Regional Competition Student Forms



## 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: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Alternate 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