2015 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 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:	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?	A vegan meal? A glu	uten-free salad?
Special Physical Needs:		
Emergency Notification Information		
Emergency Contact:	Phone:	
Relationship:		
Medical/Hospital Insurance Carrier:	Polic	cy #:
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).

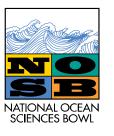
Coach Signature

Date

Ocean Leadership

1201 New York Avenue, NW, 4th floor, Washington, DC 20005 Phone: 202-787-1686; Fax: 202-332-8887 Website: www.nosb.org







Coach Media Consent

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.

any other promotional venues, without limitation, reservation or compensation.

Coach's Signature

Date

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