



2015 Regional Competition Student Forms

Please make a copy of the completed forms for your records. Teams that advance to the NOSB Finals will need to resend all completed forms 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 2015 National Ocean Sciences Bowl. I understand that this will include participation in special events and activities related to the 2015 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 2015 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 2015 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

Regional Recruitment Consent

By checking this box, I understand the regional competition host (university or college) may contact him/her for the purpose of undergraduate recruitment.



2015 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: _____
 Do you require or prefer a gluten-free salad: _____
 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