

2020 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		1 F	Χ
Street Address:					
City:	State:		ə:		
Home Telephone:	Cell Phone:				
Date of Last Tetanus Shot:	Drug Allergie	es:			
Physician:	Phone Number:				
Medical Conditions or Previous Surgery:	;				
Regular Medications:					
Special Dietary Requirement (include for	od allergies):				
Do you require or prefer a vegetarian me	eal? Y N Do you	require or prefer a vega	an meal?	Υ	N
Special Physical Needs:					
Emergency Notification Information					
Emergency Contact:	Phone:				
Relationship:					
Medical/Hospital Insurance Carrier:		Policy #:			
Toll-free number:					
CONSENT TO I hereby authorize and consent to the licensed physician or hospital in the even the attending physician(s) of the authorized physician (s) of the	ent I am not available to	edical and/or surgical tro consult with attending	physician		
Coach Signature		Date			



Coach's Signature

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Date

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				
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