Area 2 & Ohio Envirothon Registration Form (two sided)

Please type or neatly print.

Submit all forms directly to WAYNE SWCD before the deadline of March 22, 2024

All team members, alternates and advisors must submit release forms included with registration. Please write your County: ___

School:					
School Address:			Phone:		
City:	County:	County:		Zip:	
<u>Name</u>		M/F	Grade Level	T-shirt size	
Team Captain:				. <u> </u>	
Team Member:					
Team Member:				. <u>——</u>	
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Alternate:					
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NOTE: All teams must be registered to Wayne SWCD by March 22, 2024 by 4:30 pm. Mail to Wayne SWCD, 428 W. Liberty St, Wooster, OH 44691 or email – scan all documents to Kelly Riley at kriley@wayneohio.org. All information and forms can be found online at https://www.wayneswcd.org/home/education/envirothon

Please note medical, dietary or other restrictions of which we should be aware. Please select one: YES Ινο Team will be staying for lunch Please note any mobility or medical issues, food preferences (i.e. vegan, vegetarian, etc.) or dietary restrictions. We will try to accommodate these as much as possible. Name **Comments**



Area 2 & Ohio Envirothon Release Form



Please type or neatly print.

This form is to be completed by each student's parent/guardian and returned to WAYNE SWCD with registration no later than March 22, 2024. This form must also be completed and signed by advisors, staff persons, and guests and returned to WAYNE SWCD. The firm deadline for all forms to Wayne SWCD is no later than March 22, 2024. COUNTY_____ Attendee's Full Name (please print) Home Address _____ Street address, City, State, Zip Code)______Parent Work Phone ()_____ Home Phone (Emergency Contact_____Phone ()_____ Relationship to Attendee_____ Medical Insurance Provider_____Policy#____ Allergies (food, medication, insects, etc.) Medical Conditions (asthma, diabetes, etc.) Medical Equipment Used (*Epi-pen, inhaler, etc.*) Medications Currently Being Taken______ Please bring any needed medical supplies with you to the testing stations. I understand the Area/Ohio Envirothon may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved for myself or my minor child. In the event of an accident, I authorize the Area/Ohio Envirothon to provide emergency medical treatment for me or my minor child during this event. I will also assess the covid level at the time of the event and make a decision that is in mine or my minor child's best interest to attend or decline participation. I understand the risk involved in high population events. I have been assured that all reasonable care will be taken to prevent incident: therefore, I, on behalf of myself or minor child, will not hold Area/Ohio Envirothon, the Ohio Federation of Soil and Water Conservation Districts, or the host site liable should an accident occur. I also give my consent to the use of any photographs or videos taken of me or my minor child by officials of the Envirothon or their representatives to be used for promotional and/or editorial purposes only. Signature of Participant_______Date ______ I (please print)______(parent/guardian) give permission for my child_____ (name) to participate in the Area and/or Ohio Envirothon. Signature of Parent/Guardian______Date____ Relationship to Participant