



Pennsylvania Envirothon Student Release Form

Pennsylvania Envirothon registers teams competing at the state competition, through an online registration process. The online registration will ease the registration process for all participants (students, coaches, advisors, chaperones) and will provide the Pennsylvania Envirothon Registration Committee with accurate participant information. In turn, this will reduce the amount of time spent on collecting and sorting the registration information.

The information entered by the team’s coach, advisor, or chaperone to register a team to compete in the Pennsylvania Envirothon state competition will be available to the Pennsylvania Envirothon’s Registration Committee. It will not be shared with third parties.

In order to participate in the Pennsylvania Envirothon state competition, the following information must be completed by all participants (students, coaches, advisors, chaperones) and submitted either by email to rswineford@ptd.net or turned in at the Event registration. *Please complete all information and sign where requested!*

Envirothon Participant Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

School Participant is Representing: _____ County: _____

Medical Emergency Authorization and Health Information

I, _____, the undersigned parent/guardian of _____, hereby give permission to physicians and attendant staff to perform emergency first aid for him/her as they deem necessary, and refer him/her to an off-site physician when deemed appropriate. It is understood that I will be contacted in case of an emergency. It is understood that the Pennsylvania Envirothon Board of Directors will exercise reasonable caution in conducting or participating in the Event, and I/we agree that they will not be held liable for any accident that may occur. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

Name of parent/guardian

Cell Phone number

Name of additional emergency contact

Cell Phone number

The following information is provided as an aid to the Event coordinator(s) in dealing with the well-being of the participant.

Health conditions: _____
(epilepsy, asthma, diabetes, physical disabilities, pregnancy, etc.)

Allergies: _____
(foods, drugs, insects, etc.)

Medications/Instructions: _____

Health Insurance: Company Name _____ ID# _____

Family Physician: _____ Phone number: _____

Media Policy and Release

The Pennsylvania Envirothon promotes the program through various media. Participants may be photographed or videographed by the Pennsylvania Envirothon, its sponsors and their respective employees, agents and assigns, and the photograph and/or other digital reproduction of participants, or other reproduction of participant's physical likeness, may be published in print, digitally and/or electronically, in any media including, without limitation, the Internet.

- No, do not use the above named participant's photograph or digital reproduction for any purpose.
- No, do not use the above named participant's name for any purpose.
- Yes, Pennsylvania Envirothon may use the above named participant's photograph, digital reproduction, or name for any purpose.

SIGN HERE

By my signature below, I certify that the above statements are true and correct.

Signature of Parent/Guardian: _____

Date: _____

Print name of Parent/Guardian: _____

Date: _____

Did you complete all of the information and sign where requested?

Completed forms should be submitted either by email to rswineford@ptd.net or turned in at the Event registration.