



Envirothon Training Session Registration Form

(2 forms-registration and release)

Please type or neatly print.

Submit all forms directly to Geauga SWCD before October 10, 2024

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

Team Name: _____

School: _____

School Address: _____ Phone: _____

City: _____ County: _____ Zip: _____

Name

Grade Level

Team Captain: _____

Team Member: _____

Team Member: _____

Team Member: _____

Team Member: _____

Alternate: _____

Alternate: _____

Alternate: _____

Alternate: _____

Alternate: _____

Only registered team members or alternates with signed release forms may participate.

Advisor 1 Name: _____

Cell Phone: _____ E-mail address: _____

Advisor 2 Name:

Cell Phone: _____ E-mail address: _____

NOTE: All teams must be registered to Geauga SWCD by October 10, 2024, email or scan all documents to Katie Williams-Nainiger at knainiger@geauga.oh.gov. For more information visit www.geaugaswcd.com.



Envirothon Training Session Release Form

Please type or neatly print.

This form is to be completed by each student's parent/guardian and returned to Geauga SWCD with registration no later than October 10, 2024. This form must also be completed and signed by advisors, staff persons, and guests and returned to Geauga SWCD.

COUNTY _____

Attendee's Full Name (*please print*) _____

Home Address _____
Street address, City, State, Zip Code

Home Phone () _____ Parent Work 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 event.

I understand the Area/Ohio Envirothon Training Session 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 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 _____