

2016 TENNESSEE SCIENCE BOWL

ASSISTANT COACH/CHAPERONE REGISTRATION FORM

School Name _____ School employee? _____

Name _____

Address _____

City _____ Zip _____

E-Mail Address _____

Phone _____ Cell Phone _____

Gender _____ T-Shirt Size _____ Vegetarian? _____

Country of Citizenship _____ Country of Birth _____

Race:

- ____ Caucasian
- ____ Black or African American
- ____ Asian
- ____ American Indian or Alaskan Native
- ____ Native Hawaiian or Other Pacific Islander
- ____ Two or More Races
- ____ Other
- ____ Choose Not to Answer

Ethnicity (regardless of race):

- ____ Hispanic or Latino
- ____ Non-Hispanic
- ____ Choose Not to Answer

1. MEDIA RELEASE: To promote, evaluate, or otherwise describe the DOE's training and educational programs and activities, I give permission to the Department, its agents, ORAU, and the Oak Ridge Institute for Science and Education (ORISE) to photograph me and/or obtain interviews during the 2016 Tennessee on February 26-17 , 2016 and to use in connection with any publication (including but not limited to brochures, booklets, videotapes, reports, press releases, Web sites, and exhibits) any image or recording in which I appear, to use and cite any comment(s), verbal or written, made by me about the program, and to use my name in connection with any publication and in such manner as determined by the DOE, ORAU, or ORISE.

2. LIABILITY RELEASE: I hereby release and discharge the DOE, ORAU, ORISE, the United States Government, their officers, agents, servants, and employees, and persons, firms, or corporations contracting with, or acting on behalf of, the DOE or the United States Government with respect to all activities associated with the DOE 2016 Tennessee Science Bowl competition, as well as their heirs, executors, administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my participation in any and all activities associated with the DOE 2016 Tennessee Science Bowl competition.

ASSISTANT COACH/CHAPERONE REGISTRATION FORM

ADULT CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION INFORMATION

Chronic Medical Conditions: _____

Allergies (including food): _____

Current Medications: _____

Emergency Contact Name: _____ Phone Numbers: _____

Health Insurance Carrier: _____ Policy Number: _____

Name of Policy Holder: _____ Carrier Phone Number: _____

3. MEDICAL TREATMENT AUTHORIZATION: I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to me by a licensed physician, nurse or hospital in the event I am not able to consult with the attending physician(s), attempts to communicate with me or my emergency contact have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

(Print Name of Adult) Date of Birth: _____

(Signature of Adult) Date: _____

Lodging will be provided for all students (four students per room) and one primary coach. Each additional coach or chaperone must make his/her own lodging arrangements and cover the cost (unless he/she will room with the primary coach). The Hilton Knoxville Airport will provide the TSB room rate for individual reservations, if rooms are available. Please ask for Tiarra Giles or the Sales Office at 865-970-4300 to obtain the TSB room rate for individual reservations.

Dinner on February 26 at the Hilton Knoxville Airport and lunch on February 27 at PSCC, Blount County Campus, will be provided to officially registered students, coaches, and chaperones.

Fax or mail this form to ORAU no later than 4:00 p.m. EST, Dec. 11.

Fax to: Barbara Dunkin
To be Seen by Addressee Only
865-576-0734

Mail to: Barbara Dunkin
Tennessee Science Bowl
ORAU
P.O. Box 117, MS 36
Oak Ridge, TN 37831-0117