CHIO	This year <mark>Subr</mark>	Envirothon Regist <u>Please ty</u> the current issue <u>nit all forms to Tru</u> held April 26, 2023 295 Town Line Rd	pe or neatly is "Adapting <mark>Imbull SWC</mark> 3 at Bronsor	<u>r print.</u> g to a C <mark>D by M</mark> n-Norw	Changing Clin Iarch 3, 2023 Valk Conserva	nate"	CHIO
<mark>All team m</mark>	<mark>embers, alterna</mark> t	tes, and advisors n	nust submit registratio		<mark>e forms inclu</mark>	ding the CO	<mark>VID release</mark>
			mbull Count				
Team Name.							
School:						<u> </u>	
School Addre	255:		Phone:				
City:		County:			Zip:		
<u>Name</u>				<u>M/F</u>	Grade Level	<u>T-shirt Si</u>	ze
Team Captai	n:						
Team Memb	er:		_				
Team Memb	er:		_				
Alternate: _							
		r alternates <u>with sign</u>					
		ernate team members n member who is unal	-	-	ed, but <u>may atte</u>	end the Enviro	thon ONLY If
					T-s	hirt size	
Cell Phone:		E-mail	address:				
Advisor 2 N	amo.			N/ /C·	та	hirt size	
	ur coo.	E-mail	address				
NOT	E: All teams must	send their registrat	<mark>ion to Trumb</mark>	ull SW(	CD no later th	an <u>March 3, 2</u>	<u>2023</u> .

Ohio 44410 or email to <u>amy@trumbullohswcd.org</u> or fax to 330-637-0071



## Area 2 and Ohio Envirothon Release Form Please type or neatly print.



registration no later than March 3, 2023. T	ent's parent/guardian and returned to Trumbull SWCD with his form must also be completed and signed by <u>advisors, staff</u> rned to the Trumbull SWCD. <u>Trumbull County</u>
Attendee's Full Name (please print)	
Home AddressStreet address, City, Sto	ate, Zip Code
Home Phone ( )	Parent/Guardian 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 testing stations.

I understand the Area and Ohio Envirothon may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved to 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 the 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 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) child	(parent/guardian) give permission for my ( <i>name</i> ) to participate in the Area and/or Ohio Envirothon.
Signature of Parent/Guardian	Date
Relationship to Participant	

Return form by March 3, 2023

Please note medical, dietary or other restrictions of which we should be aware.

Please select one:		
Team will be staying for lunch	YES	ΝΟ
Please note any mobility or med restrictions. We will try to accor		, food preferences (i.e. vegan, vegetarian, etc.) or dietary hese as much as possible.
Name	Comm	nents