



# LOUISIANA ENVIROTHON

LSU AgCenter Botanic Gardens  
Baton Rouge, LA • April 16, 2016

For more information, please call 225-219-0877,  
email [laenvirothon@gmail.com](mailto:laenvirothon@gmail.com) or visit our website at  
[www.deq.louisiana.gov/envirothon](http://www.deq.louisiana.gov/envirothon).

## Student Registration Form

Student Name: \_\_\_\_\_

School/Group Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Vegetarian (Y/N): \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Envirothon Rules & Regulations

As the student and parent or legal guardian of (student name) \_\_\_\_\_,  
I have read, understand, and agree to abide by the rules and regulations set forth by the Louisiana Envirothon.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Minor Photo/Video Release Form

I hereby grant my consent for use of my/my child's name, voice, photograph, image and/or likeness, by the Louisiana Envirothon or an agency it designates for unlimited broadcast, re-broadcast, print and other reproduction for any media use related to the promotion of the Envirothon program.

I further release the Louisiana Envirothon or any media agency it designates from any responsibility for compensation or consideration.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Environmental Problem-Solving Competition*





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**Emergency Medical Release**  
(Authorization for Emergency Medical Treatment and Release of Liability)

I understand that in the case of illness or injury of the below-mentioned student, the team advisor or Envirothon representative will try to notify me or the person I have listed below as an emergency contact.

In the case of medical emergency concerning my child, when I cannot be notified, I grant full power to the school supervising employee (advisor) and Louisiana Envirothon staff to arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic. I also 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. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

I understand that neither the Louisiana Envirothon, the advisor, nor any person associated therewith assumes any responsibility for any accidental injury that may happen to my child while attending the Louisiana Envirothon. It is understood that the Louisiana Envirothon will exercise reasonable caution in conducting the event and I agree not to make any attempt to hold the Louisiana Envirothon, its sponsors or organizers or any person associated therewith liable for any such injury.

Student Name: \_\_\_\_\_

Name of Student's Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency contact if parent/guardian cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies (Foods, Drugs, Insects, Etc.): \_\_\_\_\_

Special medical concerns, needs or conditions we should know about (epilepsy, asthma, diabetes, bones/joints injuries, etc.):

\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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