



University of North Carolina
at Chapel Hill

MARINE SCIENCES at UNC-CHAPEL HILL



2008 Blue Heron Bowl REGISTRATION PACKET

Deadline for registration: November 16, 2007



National Ocean Sciences Bowl



2008
BLUE HERON BOWL

REGISTRATION

Email: janelle.fleming@gmail.com

PHONE: (252) 726-6323

GREETINGS!

The Marine Science department at UNC-Chapel Hill, UNC-Institute of Marine Sciences and DUKE have teamed together to bring the Blue Heron Bowl to Morehead City, NC! We are very excited about showcasing the different marine labs down at the coast! Teams will be staying at the Hampton Inn on Friday and a welcome dinner will be hosted at the Pine Knoll Shores Aquarium. The bowl competition will be held on the campus of the Carteret Community College on Saturday, February 23rd. We are maintaining a website for the bowl at <http://www.unc.edu/ims/blueheronbowl/>

REGISTRATION REQUIREMENTS

- Registration Deadline: **November 16, 2007**
- Registration accepted on a first come, first served basis – 1 team per school limit*
- Complete this Blue Heron Bowl form
- All **cancellations** and **registration changes** must be received no later than **February 8, 2008.**
- Coaches requesting complimentary lodging: If your team does not attend and does not notify Blue Heron Bowl by Feb. 8, your school will be responsible for payment for all rooms reserved but not used by your team.

* "A" teams receive priority. "B" teams accepted on "space available" basis only.

REGISTRATION PROCEDURE

- Coach and participants' parents must complete this five page Blue Heron Bowl registration form. (Make photocopies as needed and staple)
- Mail all completed, stapled forms to:
Janelle V. Reynolds-Fleming
Blue Heron Bowl
c/o UNC-Institute of Marine Sciences
3431 Arendell St.
Morehead City, NC 28557
- Completed Blue Heron Bowl registration forms must be received by **November 16, 2007**
- Once completed registration forms have been received, teams will be registered online with C.O.R.E.
- To change any registration information, you must contact Blue Heron Bowl at janelle.fleming@gmail.com or (252)726-6323. No registration changes/cancellations accepted after February 8, 2008.

CONFIRMATION

After receiving all completed, stapled Blue Heron Bowl forms, the team coach will receive a confirmation letter, agenda, directions to the hotel and competition location (Carteret Community College) and information about the surrounding area. All registered teams are entitled to complimentary Friday night lodging, Friday dinner at the aquarium, Saturday Breakfast at the hotel, Saturday lunch and refreshments during the Blue Heron Bowl. Your lodging/meal attendance **must** be indicated on page 1 of this registration form. Completed attendance commitment on enclosed registration form is mandatory.

FOR PRACTICE QUESTIONS, VISIT: WWW.NOSB.ORG
CLICK ON "BASIC FACTS"

TO BE COMPLETED BY COACH

**2008 Blue Heron Bowl
UNC-Chapel Hill, UNC-IMS, and DUKE Marine Lab**

Registration Form – One Form per Team

(Photocopy as needed for “B” team. Please note that “A” teams receive priority acceptance. “B” teams accepted on “space available” basis)

Check and complete all that apply:

___ Our team and coach are arriving February 22nd at _____ p.m. at the hotel listed in our confirmation packet (2 beds/4 people per room). As the coach, I am requesting ___ number of team member rooms plus one room for myself = _____ total rooms.

___ Our team and coach **will attend** the 6:00 p.m. dinner at the aquarium.

___ Our team and coach **will not** attend the 6:00 p.m. dinner at the aquarium.

___ Our team and coach **will not** arrive at the Blue Heron Bowl until February 23rd at 7:30 a.m., Carteret Community College. No lodging required. No Friday dinner is required.

___ Our teams’ immediate family member(s) will attend Saturday lunch. We are committing to ___ family member(s) for lunch plus our team and coach = the total number of _____ people committed for Saturday lunch.

School Information: This form is for my [A [B team

School Name: _____
School phone: (_____) _____ Fax: (_____) _____
School Address: _____
City: _____ State: N.C. Zip: _____

Coach Information

Full Name: First: _____ Last: _____ [M [F
Name to be used on Name Badge: _____ Men’s T-Shirt Size: [S [M [L [XL
Address: _____ Email address: _____
City: _____ State: NC Zip: _____ Home phone: _____
Birthdate: Month _____ Day: _____ Year: _____ Grades taught: _____
Local Airport: _____

I am aware that to cancel my team’s involvement or change my team’s registration, I must do so no later than Feb. 8, 2008 (email: janelle.fleming@gmail.com or phone 252-726-6323). I am aware that last minute “no shows” create extreme hardship on the staff and other teams on the day of the event. In the event of attendance cancellation or registration changes, by signature below, I am committing to do so no later than Feb. 9, 2007. In addition, by signature below, I understand that if I have requested lodging on this registration form and do not show up without canceling (via Blue Heron Bowl) by Feb. 8, 2008, my school will be responsible for lodging charges on my unused rooms.

COACH’S SIGNATURE: _____ **DATE:** _____

Team Members (4 plus 1 alternate)

1. (Full Name) First Name: _____ Last Name: _____ []M []F
Name to be used on Name Badge: _____
Men's T-Shirt Size: []S []M []L []XL []XXL

Address: _____ Email: _____
City: _____ State: NC Zip: _____
Home Phone: (____) _____ Current Grade: _____
Date of Birth: Month: _____ Day: _____ Year: _____

2. (Full Name) First Name: _____ Last Name: _____ []M []F
Name to be used on Name Badge: _____
Men's T-Shirt Size: []S []M []L []XL []XXL

Address: _____ Email: _____
City: _____ State: NC Zip: _____
Home Phone: (____) _____ Current Grade: _____
Date of Birth: Month: _____ Day: _____ Year: _____

3. (Full Name) First Name: _____ Last Name: _____ []M []F
Name to be used on Name Badge: _____
Men's T-Shirt Size: []S []M []L []XL []XXL

Address: _____ Email: _____
City: _____ State: NC Zip: _____
Home Phone: (____) _____ Current Grade: _____
Date of Birth: Month: _____ Day: _____ Year: _____

4. (Full Name) First Name: _____ Last Name: _____ []M []F
Name to be used on Name Badge: _____
Men's T-Shirt Size: []S []M []L []XL []XXL

Address: _____ Email: _____
City: _____ State: NC Zip: _____
Home Phone: (____) _____ Current Grade: _____
Date of Birth: Month: _____ Day: _____ Year: _____

5. **Alternate**
(Full Name) First Name: _____ Last Name: _____ []M []F
Name to be used on Name Badge: _____
Men's T-Shirt Size: []S []M []L []XL []XXL

Address: _____ Email: _____
City: _____ State: NC Zip: _____
Home Phone: (____) _____ Current Grade: _____
Date of Birth: Month: _____ Day: _____ Year: _____

Consortium for Oceanographic Research & Education
2008 National Ocean Sciences Bowl
Confidential Medical Information and Emergency Notification Form

ONE PER TEAM MEMBER - TO BE COMPLETED BY PARENT

School Name: _____
Team Member's Name: _____ Birthdate: ____/____/____ Sex: []M []F
Street Address: _____
City: _____ State: _____ Zip: _____
Home Telephone: (____) _____ SSN: _____
Date of Last Tetanus Shot: _____ Drug Allergies: _____
Physician: _____ Physician's Phone: (____) _____
Medical Conditions or previous surgery: _____
Regular Medications: _____
Special Dietary Requirements (include food allergies): _____
Special Physical Needs: _____

FAMILY INFORMATION

Father's Name: _____ Work Phone: (____) _____
Mother's Name: _____ Work Phone: (____) _____
Legal Guardian (if applicable): _____ Work Phone: (____) _____
Emergency Contact: _____ Phone: (____) _____
Relationship to Student: _____
Medical/Hospital Insurance Carrier: _____ Policy Number: _____
Toll-Free Number: _____

CONSENT TO MEDICAL CARE AND TREATMENT

[Parental consent is required before a hospital's emergency department can give medical treatment to a minor. Every effort will be made to contact parents, but a completed consent form will expedite treatment]

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

Signature of Parent or Legal Guardian: _____ Date: _____

Please make a photocopy for each team member!

Please make a copy for each team member!

Consortium for Oceanographic Research & Education

**2008 National Ocean Sciences Bowl
Parental Consent for Student Participation**

ONE PER TEAM MEMBER - TO BE COMPLETED BY PARENT

I, (Mr., Mrs., Ms.) _____, the legal guardian of
_____, give my consent for him/her to participate in all activities
associated with the 2008 National Ocean Sciences Bowl.

I understand that this will include participation in special events and activities related to the 2008 National Ocean Sciences Bowl, and
will include travel under the supervision of the team coach.

I hereby release and discharge the Consortium for Oceanographic Research and Education, their officers, agents, servants, and
employees, and persons, firms, or corporations contracting with, or acting on behalf of, the Consortium for Oceanographic Research
and Education, with respect to the activities of the 2008 National Ocean Sciences Bowl, as well as their heirs, executors,
administrators, successors, or assigns, from any cause of action of any nature whatsoever arising from my child's participation in the
activities of the 2008 National Ocean Sciences Bowl.

Signature of Parent/Legal Guardian: _____ Date: _____

Please make a photocopy for each team member!

Please make a copy for each team member!

**2008 National Ocean Sciences Bowl
Photo and Video Release Form**

ONE PER TEAM MEMBER - TO BE COMPLETED BY PARENT

I hereby give my permission, as the parent/legal guardian of the participating student named below, to the Consortium for Oceanographic Research and Education (CORE) and the National Ocean Sciences Bowl (NOSB®) sponsors for the use and reproduction of the video footage, written materials, photographs or voice recordings of this participating student. I further agree that CORE, or any of its affiliated programs with CORE's permission, may use or cause to be used these statements and/or photographs and/or voice recordings for any or all exhibitions, public displays, publications and any other promotional venues, without limitation, reservation or compensation.

I understand that any final editing of any interview/photograph/written materials done by the news media is not within the control of CORE, and CORE does not have responsibility for the story that appears on radio/television, in the newspaper or on the Internet. Written materials, photographs, video footage, or voice recordings created by or submitted to CORE becomes the property of this organization and will not be returned to the author/owner/talent.

Name of Participant: _____ Age of participant: _____

Printed Name of Parent/Guardian: _____

Address: _____

Phone: (_____) _____

Signature of Parent/Legal Guardian: _____

Printed Name of Witness: _____

Signature of Witness: _____

Please make a photocopy for each team member!

Please make a copy for each team member!

TO BE COMPLETED BY COACH

**CONSORTIUM FOR OCEANOGRAPHIC RESEARCH & EDUCATION
2008 NATIONAL OCEAN SCIENCES BOWL**

COACH'S CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION FORM

Name: _____ Birth date: ____ / ____ / ____ Sex: [] M [] F
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone: (____) _____ SSN: _____
Date of Last Tetanus Shot: _____ Drug Allergies: _____
Physician: _____ Phone Number: (____) _____
Medical Conditions or Previous Surgery: _____
Regular Medications: _____
Special Dietary Requirements (include food allergies): _____
Special Physical Needs: _____

EMERGENCY NOTIFICATION INFORMATION

Emergency Contact: _____ Phone: (____) _____
Relationship to Coach: _____
Medical/Hospital Insurance Carrier: _____ Policy #: _____

CONSENT TO MEDICAL CARE AND TREATMENT

I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).

Coach Signature: _____ Date: _____

REGISTRATION DEADLINE: NOVEMBER 16, 2007

Mailing Address: Janelle V. Reynolds-Fleming
Blue Heron Bowl
3431 Arendell St.
Morehead City, NC 28557
(252) 726-6323
janelle.fleming@gmail.com