



## **Virginia Region 6 – ODYSSEY OF THE MIND Regional Competition Participation Contract**

The Virginia Tidewater Region 6 Odyssey of the Mind Program you are preparing to attend offers many unique opportunities and experiences. Beyond the educational benefits, you will have a chance to form new friendships and to meet the challenges of our competition. The Virginia Tidewater Region 6 Odyssey of the Mind Program promotes an atmosphere where all who are in attendance, adults and students alike, will support one another with genuine sportsmanship. As a student participant, it is your responsibility to demonstrate high standards of conduct and to accept personal responsibility and consequences for your actions. You are expected to exhibit honesty, courtesy, and respect for yourself, others, and all property. Our goal is to make Virginia Tidewater Region 6's annual competition a safe, educational, and enjoyable experience for everyone.

We ask each individual's cooperation and commitment to the following behavior guidelines to help us meet this goal:

- The student is to obey the rules and regulations established by chaperones both prior to and during the trip and follow the directions of coaches, chaperones, and Odyssey of the Mind officials.
- The student shall not be involved in any way with smoking, alcohol, illegal drugs, vandalism, theft, or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, safety, or reputation of him/herself or anyone else.
- The student should move safely and responsibly from location to location while on school grounds and remain with their respective group at all times unless granted permission by a chaperone. It is recommended that students travel in at least groups of two or more.
- Good common sense, respect, and consideration for others and all property should be the standard practice of all participants. If a student violates any of these rules, he/she may be sent home at the sole discretion of the chaperones and/or Odyssey of the Mind officials. In such cases, the parent/guardian will be contacted and requested to immediately remove the student from the school grounds.

### **Student Contract**

I have read and understand the behavioral rules and regulations of the VA Tidewater Region 6 Odyssey of the Mind Program. To the best of my ability, I will comply with all of these rules and regulations.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### **Parent Contract**

I have read, understand, and support the rules and regulations of the VA Region 6 Odyssey of the Mind Program. I consent that my child or ward has read the rules and regulations and will do his/her best to comply. It is also understood that the signature on this behavior contract of one parent or guardian implies the consent of the other.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

### **Authorization for Treatment of Minor**

I, the undersigned, parent or legal guardian of \_\_\_\_\_, a minor, do hereby consent to the nurse or physician selected by the team coach or Odyssey of the Mind official to perform routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the team coach or OotM official to hospitalize and secure proper treatment for my child as named above.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# ODYSSEY OF THE MIND EMERGENCY CARE INFORMATION

(COACH: KEEP A COPY OF THIS FORM FOR EACH TEAM MEMBER WITH YOU FOR PRACTICES.)

**EVENT:** 2020-2021 Odyssey of the Mind Season

**STUDENT'S NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Information (effective on the first date of your Odyssey of the Mind season):**

**Carrier:** \_\_\_\_\_ **Plan #** \_\_\_\_\_ **Policy #** \_\_\_\_\_

## Medical History

Allergies:

Insect stings \_\_\_\_\_

Food (please list) \_\_\_\_\_

Drugs (please list) \_\_\_\_\_

Medical conditions:

Please list any disabilities/conditions we should be aware of: \_\_\_\_\_

Is your child currently under care of a physician for a medical problem? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

List all medications and dosages your child receives on a continual basis or is receiving at the present time : \_\_\_\_\_

## Parental/Guardian Permission:

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter by an emergency room or nearest hospital. The medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child. I agree to be responsible for all charges incurred.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Relationship to student:** \_\_\_\_\_