

# Instructions for Coaches

1. Before distributing printed copies of this form to parents, please provide the FIRST team number, team name, your name and cell phone number in the fillable spaces provided.
2. Print copies for each team member/mentor under the age of 18 after you have filled in the information mentioned above.
3. Signed forms must be delivered to Prof. Kris Craven no less than two weeks prior to the FLL Championship event. Please send all team member forms together in one envelope to:

Prof. Kristine Craven  
Tennessee Tech University  
Clement Hall 321  
P.O. Box 5002  
Cookeville, Tennessee 38505

4. If you have questions about this form contact Prof. Kris Craven at [kcraven@tntech.edu](mailto:kcraven@tntech.edu).

# East Tennessee FLL Championship and FLL Jr Expo

---

## TTU Minor Participant Information and Release

### I. GENERAL INFORMATION

FIRST Team Number: \_\_\_\_\_ FIRST Team Name: \_\_\_\_\_

FIRST Coach Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Participant: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Person Responsible for Medical Coverage/Costs: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Parent/Guardian Address (if different from Participant's address): \_\_\_\_\_

Parent or Legal Guardian:

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

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

Cell Phone: \_\_\_\_\_

#### Primary Emergency Contact Information:

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

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Secondary Emergency Contact Information:

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

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

### II. MEDICAL INFORMATION AND AUTHORIZATION

#### A. Authorization, Release and Indemnification

By signing this document, I grant TTU permission to authorize emergency medical treatment if deemed necessary by TTU. I agree that TTU assumes no responsibility or liability for any injury or damage that might arise out of or in connection with such authorized medical treatment. I further state that I have adequate health insurance necessary or in the absence of health insurance, I will be financially responsible

to pay for any medical costs that may be incurred during or arising from my child's participation in this event. I also agree to indemnify TTU for any liability, including attorney's fees, for any actions brought against TTU for any unpaid medical costs or bills incurred by participant.

**B. Insurance Information**

I understand that Tennessee Tech University does not offer any form of medical insurance for the participant while participating in the event. Please check the applicable response:

\_\_\_\_\_ the participant DOES HAVE medical insurance and a copy of the insurance card can be provided in the event of an emergency.

\_\_\_\_\_ the participant DOES NOT HAVE medical insurance.

**C. General Medical Information**

a. Does participant have any medical conditions that you or your doctor feel would limit event participation? (Circle)                      YES    NO

If yes, identify and explain:

b. Is participant currently taking medication that may interfere with ability to safely participate in the event? (Circle)                      YES    NO

If yes, please indicate the medication and the condition being treated:

c. Does participant have a history of allergies or reactions to medications, insect stings, or plants? (Circle)                      YES    NO

If yes, please explain:

d. Does participant have a history of, or currently suffer from, medical condition(s) of which we need to be aware? (Circle)                      YES    NO

If yes, please explain:

e. Please describe any other conditions of which we should be aware.

f. Approximate date of last tetanus shot: \_\_\_\_\_

**III. EARLY DEPARTURE (not applicable to participants 18 years of age or over)**

In case of early departure, my child may be released into the custody of the following people:

1. \_\_\_\_\_

2. \_\_\_\_\_

Minor participants will NOT be released to anyone other than individuals listed above.

**IV. PERMISSION TO RESIDE IN TENNESSEE TECH HOUSING**

**[NOT APPLICABLE FOR THE FLL EVENT]**

~~I give permission for participant to reside in Tennessee Tech Housing for the duration of the Program.~~

**V. PHOTO/VIDEO RELEASE AND CONSENT**

Intending to be legally bound, I do hereby irrevocably consent to and authorize Tennessee Technological University, its officers, employees and agents, (the "University") to use existing photographs, photograph, video tape, record, publish, re-publish, broadcast, re-broadcast, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use or reuse my name, image/likeness or voice in any media or technology now known or hereafter developed in connection with any product or service or promotional or informational campaign undertaken by the University in all markets as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. University may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or nonprofit.

\_\_\_\_\_  
Signature of Participant's parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Participant's parent or legal guardian

\_\_\_\_\_  
Signature of Participant if 18 years of age or over

\_\_\_\_\_  
Date

=====

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Notary Public Signature

**NOTARY SEAL**