

**Code of Conduct:**

Upon acceptance in the \_\_\_\_\_ Year National Ocean Challenge Program workshop, I will pledge to observe the following conditions and requirements and I understand that, if I fail to do so, my conduct will be grounds for immediate and unconditional expulsion from the National Ocean Challenge Program in Kodiak, Alaska:

1. I will not engage in promiscuous or flirtatious behavior with members of the opposite sex. I will dress appropriately with no alluring, suggestive, tight-fitting or revealing attire.
2. I will not indulge in smoking, drinking alcohol or in illegal drugs (including prescription).
3. I will respect the property of others and that of the workshop center by not stealing or defacing private or public property, nor will I conceal and support such actions of others.
4. I will respect and support all workshop rules and will encourage others to do the same.
5. I will fully participate in all programs, meetings and class sessions unless poor health or injury renders me from doing so.
6. I will respect and support the staff and all participants of the National Ocean Challenge Program workshop. I will not engage in, nor will I support any activity that may endanger the physical, emotional or spiritual well being of others.
7. I will make every effort to conduct myself in a dignified, honorable and responsible manner befitting a Son or Daughter of God, an Owner of Cheon Il Guk and a Lord/Lady of Creation.
8. I will support all safety rules by wearing a Coast Guard approved PFD(personal flotation device) at all times when on board boats while attending this National Ocean Challenge program.

I have read and I accept the National Ocean Challenge Program Code of Conduct and, by my signature below, I pledge to abide by the code and I will encourage others to do the same.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent (for minor participants)

\_\_\_\_\_  
Date

NOCP - National Ocean Challenge Program

Medical Information / Parent Authorization / Legal Waiver

(ONE FORM for EACH PARTICIPANT. Must be completed by a parent or guardian if the child is under 18yrs old.)

Participant's Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:						
Parent(s)						
Phone		Cell Phone				
Email						
ALTERNATE CONTACT:						
Name						
Phone		Cell Phone				
Relationship		Email				
HEALTH INFORMATION (Please note that this information will be held in confidence by the staffs.)						
Have Medical Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Policy Number	
Name of Insurance						
Are you or has he/she been subject to any of the following? (check if Yes)						
___ Asthma ___ Allergies ___ Fainting spells ___ Diabetes						
___ Heart Trouble ___ Convulsions ___ Other, please explain (on the next line):						
Medical or emotional condition or concern that the staffs should be watchful for?:						
___ depression ___ anorexia ___ bulimia ___ Other, please explain (on the next line):						
Allergic reactions to foods, medications, or any kind. Please specify (on the next line):						

For adult participant:

To my knowledge this medical history is correct. In consideration of the activity staffs and organization for the effort to provide me with a nurturing and enriching experience, I hereby agree to assume complete responsibility for any costs, medical or other, incurred by me while attending this workshop. I will not legally implicate the event staff or HSA-UWC.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For minor representative:

The event nurse has my permission to administer Tylenol if my child has a fever over \_\_\_\_ degrees.

Any current condition requiring medication? Yes \_\_\_\_ No \_\_\_\_

Name of medication and dosage: \_\_\_\_\_

To my knowledge this medical history is correct. My child, \_\_\_\_\_ is permitted to take part in all activities except, \_\_\_\_\_

In the event I cannot be reached in an emergency, I give permission to the physician and hospital selected by the adult leader in charge to give whatever medical aid is necessary. In consideration of the activity staff and organization for the effort to provide the children with a nurturing and enriching experience, I hereby agree to assume complete responsibility for any costs, medical or other, incurred by my child while attending this event. I will not legally implicate the event staff or HSA-UWC.

Signature (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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