



# 2022 TEXAS ENVIROTHON REGISTRATION PACKET APRIL 8 AND 12 HOUSTON, TEXAS

Welcome to the 2022 Texas Envirothon! We hope that participating in Envirothon will be a catalyst to an increasing awareness and everlasting interest in environmental stewardship. In this packet, you will find the following:

- *Team Registration Form*
- *Participant Release Form*
- *Payment Receipt Form*

A completed team packet and team registration fee of \$50 must be submitted and postmarked no later than **Friday, March 25, 2022. (No registrations will be accepted after this date.)** Please note that if we do not receive the registration fee and all completed forms, your team will not be able to compete.

There will be an optional student field trip on Friday, April 8 in the morning. The official field competition will begin on Friday, April 8 in the afternoon. The oral presentation will take place on Tuesday, April 12 beginning 1pm.

If at any point you have questions or concerns, please visit the [Texas Envirothon website](#) or contact me via phone or email.

Thank you,

Wendy Reistle  
Envirothon Coordinator

E-mail: [reistle@uhcl.edu](mailto:reistle@uhcl.edu)

Work: 281-283-3045

Fax: 281-283-3953

Please make checks payable to: **TAAE/Envirothon**

Send all completed materials to: **Environmental Institute of Houston  
UHCL / Box 540  
Wendy Reistle  
2700 Bay Area Boulevard  
Houston, Texas 77058**



**2022**  
**TEXAS ENVIROTHON**  
**TEAM REGISTRATION FORM – PART A**  
*(Please type or neatly print all information)*

School/Team Name: \_\_\_\_\_ Fax: \_\_\_\_\_

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

School District: \_\_\_\_\_

Team Affiliation: \_\_\_ FFA \_\_\_ 4-H \_\_\_ Biology \_\_\_ Homeschool \_\_\_ Other \_\_\_\_\_

Team Sponsor: (if applicable) \_\_\_\_\_

Team Advisor: \_\_\_\_\_

Advisor Phone (W): \_\_\_\_\_ (C): \_\_\_\_\_ (H): \_\_\_\_\_

Advisor Email Address: \_\_\_\_\_

Additional Team Advisor: \_\_\_\_\_

Advisor Phone (W): \_\_\_\_\_ (C): \_\_\_\_\_ (H): \_\_\_\_\_

Additional Advisor Email Address: \_\_\_\_\_

**Commentary from Team Advisor:**

Send all completed materials to: **Environmental Institute of Houston**  
**UHCL / Box 540**  
**Wendy Reistle**  
**2700 Bay Area Boulevard**  
**Houston, Texas 77058**

E-Mail: [reistle@uhcl.edu](mailto:reistle@uhcl.edu)

Work: 281-283-3045

Fax: 281-283-3953



**2022**  
**TEXAS ENVIROTHON**  
**TEAM REGISTRATION FORM – PART B**  
*(Please type or neatly print all information)*

Team Name \_\_\_\_\_

Team Member Name \_\_\_\_\_ Grade: \_\_\_\_\_ t- shirt size: \_\_\_\_\_

Team Member Name \_\_\_\_\_ Grade: \_\_\_\_\_ t- shirt size: \_\_\_\_\_

Team Member Name \_\_\_\_\_ Grade: \_\_\_\_\_ t- shirt size: \_\_\_\_\_

Team Member Name \_\_\_\_\_ Grade: \_\_\_\_\_ t- shirt size: \_\_\_\_\_

Team Member Name \_\_\_\_\_ Grade: \_\_\_\_\_ t- shirt size: \_\_\_\_\_

Number of Vegetarian individuals (including advisors) on team: \_\_\_\_\_

Specific Dietary Needs: \_\_\_\_\_

Team Advisor Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Team Advisor Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

School: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Note:**

- **Team members' grade level should reflect the current academic year.**
- **T-shirt sizes are based on adult, men.**
- **Each Student must provide the following release form prior to the competition.**
- **Advisors – Please make copies of the Participant Release Form for each person attending the competition. Also, if available, please include an additional copy of the school's medical release form for each student.**

Return Completed forms: **No later than March 25, 2022**

Please make checks payable to: **TAEE/Envirothon**

Mail checks to: **Environmental Institute of Houston  
UHCL / Box 540  
Wendy Reistle  
2700 Bay Area Boulevard  
Houston Texas, 77058**





**2022**  
**TEXAS ENVIROTHON**  
PARTICIPANT RELEASE FORM

This Release form **MUST** be completed and signed by the individual if they are over 18 or by the parent/legal guardian for minors. Envirothon team members should return this form to their team advisor ASAP. This form is **necessary for all participants**: advisors, team members, Texas Envirothon Committee Members, and any additional attendees (everyone attending!) *Advisors please make copies for yourselves, students, and any others planning to attend the 2022 Texas Envirothon.*

*\* If we do not have a completed form from everyone, your team will not be allowed to compete. \**

Attendee's Full Name: \_\_\_\_\_

Representing (School): \_\_\_\_\_

Full Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work / Cell Numbers: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Attendee: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

***NOTE: INSURANCE IS REQUIRED FOR PARTICIPATION***

Allergies: (medication, food, etc.) \_\_\_\_\_

Medical Conditions: (diabetes, asthma, etc.) \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

**I understand this event may be strenuous and adverse weather conditions may occur. Nevertheless, I assume the risk involved. In the event of an accident, I authorize Texas Envirothon to provide emergency medical attention for me during this event. I have been assured that all reasonable care will be taken to prevent an incident; therefore, I will not hold:**

**NCF Envirothon, Texas Envirothon Committee, University of Houston-Clear Lake, or the Environmental Institute of Houston liable should an accident occur.**

**I also give my consent to the use of any photographs and video taken of me by officials of the Texas and/or North American Envirothon, or their representatives, for editorial and/or promotional purposes.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), give permission for my child, \_\_\_\_\_

to travel in the care of \_\_\_\_\_ for the purpose of attending the 2022 Texas Envirothon Competition.

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

Relationship to Participant: \_\_\_\_\_



**2022**  
**TEXAS ENVIROTHON**  
PAYMENT RECEIPT FORM

Please send my receipt of payment to:

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

Attention: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_