

Bible Quizzing 2020-2021 - North Central District
Permission Slip, Responsibility Waiver and Consent for Treatment

Name: _____ Birthdate: _____ Entering Grade: _____

Address: _____ Postal Code: _____

Father's Cell phone: _____ Father's name: _____

Mother's Cell phone: _____ Mother's name: _____

Health Insurance: _____

Emergency Contact Name & Number: _____

Medical Information(including Rx meds and OTC used)/Allergies:

I/we, _____ & _____ (parent(s)/legal guardian(s)) give permission for my/our son/daughter _____ (child's name) to attend and participate in the Bible Quizzing program that is part of the North Central District of the Christian & Missionary Alliance. I/we will not hold the North Central District, the facilities where quiz meets are held, my/our church or group, the coaches, officials or any of the District Quizzing Leadership Team of the North Central District responsible for any injury incurred traveling to or from any quizzing event or at the event itself. We also give permission for _____ (coach/es) to sign for any emergency medical treatment needed and deemed necessary by a licensed physician on my/our behalf after attempting to reach me/us and being unsuccessful.

(Parent signature) (date)

(Parent signature) (date)

Coaches – It is a good idea to be prepared ahead of time; therefore, we recommend that you use this form, which covers the entire year. If you choose not to use this form, you will need to use the waiver form for the Invitational event in January. Please keep this in a secure file within your organization and bring it with you to all events.