

Permission Slip, Responsibility Waiver and Consent for Treatment
 BQNC (Bible Quizzing of the North Central District) for 2017-2018 Quiz Year

Name: _____ Birthdate: _____ Entering Grade: _____
 Address: _____ Postal Code: _____
 Telephone: _____ Parent(s): _____
 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 meets are held, my/our church or group, the coaches, officials or any of the District Quizzing Leadership Team of BQNC 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.

Quiz Meet Dates:

Event	Focus	Location	Date
Quiz #1	I Cor 1:1-4:21	Rose Hill Alliance Church, Roseville	September 30, 2017
Quiz # 2	I Cor 5:1-9:27	Grand Rapids	November 4, 2017
Quiz # 3	I Cor 10:1-13:13	TBD	December 2, 2017
Tournament	I Cor 1:1-16:24	TBD	January 12-13, 2018
Quiz #4	II Cor 1:1-5:21	TBD	February 17, 2018
Quiz # 5	II Cor 6:1-10:18	TBD	March 24, 2018
Quiz # 6	II Cor 11:1-13:14	TBD	April 28, 2018
Tournament	Full Material		

 (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 Crown College event in January. Please keep this in a secure file within your organization and bring it with you to all events.