

Bible Quizzing 2024-2025 - North Central District

Permission Slip, Responsibility Waiver and Consent for Treatment

Quizzer #1: _____ Birthdate: _____ Entering Grade: _____
 Quizzer #2: _____ Birthdate: _____ Entering Grade: _____
 Quizzer #3: _____ Birthdate: _____ Entering Grade: _____
 Address: _____ City, State, Zip _____

	Name	Email	Cell	Text? Y/N	Coach? Y/N
Dad					
Mom					
Quizzer 1					
Quizzer 2					
Quizzer 3					

Health Insurance Company & ID/Group #: _____
 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(s)/daughter(s) _____ (child's name), _____ (child's name), and _____ (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 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/Urgent 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 Crown College event in January. Please keep this in a secure file within your organization and bring it with you to all events.