

# Permission Slip, Responsibility Waiver and Consent for Treatment

North Central District of the C&MA Bible Quizzing  
33<sup>rd</sup> NCD Crown Invitational Quiz, January 16-17, 2015

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ 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 33<sup>rd</sup>  
NCD Crown Invitational Quiz that is part of the North Central District of the  
Christian & Missionary Alliance. I/we will not hold the North Central District,  
Crown College, 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 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:  
January 16 & 17, 2015 @ Crown College, St. Bonifacius, MN

_____	_____
(Parent signature)	(date)
_____	_____
(Parent signature)	(date)