

Permission Slip, Responsibility Waiver and Consent for Treatment

BQNC (Bible Quizzing North Central – District name change)

2014 NCD Crown College Invitational Quiz

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 2014
NCD Crown College 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 17 & 18, 2014 @ Crown College

(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 for the Crown College event in January. Please keep this in a secure file within your organization and bring it with you to the event. It does not need to be submitted unless there is an incident/accident.