

Registration for Bible Quizzing - Quizzers
Columbia River Conference, Free Methodist Church
September 2009 - July 2010

Church: _____ Quizzer: _____

Coach: _____ Church Director: _____

Parents / Legal Guardian: _____

Address: _____

Phone: _____ Cell Phone (or other emergency phone): _____

Email: _____ Can we send quizzing announcements to you by email? _____

Age: _____ Birthday: _____ Grade: _____ Sex: _____ Grade began quizzing _____

Medical Release Form & Information:

Does the quizzer have any medical conditions? _____ If so, describe: _____

Is the quizzer taking any medications? _____ If so, describe: _____

Do you have medical insurance? _____ Company? _____

Policy number: _____ Emergency Phone Number: _____

Please read carefully, then sign the medical release form:

The above named person has my permission to engage in all the planned activities of the Bible Quiz program sponsored by the Free Methodist Church and the Columbia River Conference, including travel to off-site quiz meets. I agree not to hold any church, the conference, or an agent of the Church liable or responsible for the actions of or damages caused by the above named child. EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the quizzing director or supervision adult to order x-rays, routine tests or treatment for my child if I cannot be reached in an emergency. I also give permission to the emergency physician to hospitalize, secure treatment, and order injection/anesthesia/surgery for the above named person.

Parent/Guardian: _____

Parent/Guardian: _____ Date: _____