

**Registration for Bible Quizzing - Quizzers**

The River Conference, Free Methodist Church  
September 2011 - July 2012

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: \_\_\_\_\_