



Junior Bible Quiz Registration Form

Due by August 20, 2017

Quizzer's name, grade for 2017-2018 school year, and shirt size

_____	YS	YM	YL	AS
_____	YS	YM	YL	AS
_____	YS	YM	YL	AS
_____	YS	YM	YL	AS
_____	YS	YM	YL	AS
_____	YS	YM	YL	AS

Parent/Guardian Name: _____

Phone: _____

Email: _____

Are you okay with receiving group texts? _____

I **do give** / **do not give** (please circle one) permission for photographs of my child / children to be used by Carlinville First for quizzer recognition or promotional purposes.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Cost per child: \$20 (includes a t-shirt and a Bible Fact Pak study guide)

Each family also receives 1 Bible Fact-Pak audio CD

Let your roots grow down into Him and draw up nourishment from Him, so you will grow in faith, strong and vigorous in the truth you are taught.

- Colossians 2:7



Permission Slip

Name: _____ Age: _____ Phone: _____

Name of Parent or Legal Guardian: _____

If cannot be reached call: _____ Phone: _____

My son/daughter has permission to participate in any sanctioned activity of the Carlinville First Junior Bible Quiz team. Such activity would include practices, parties, and travel for Junior Bible Quiz meets.

I understand that all necessary precautions will be taken to safeguard my son/daughter and that I will be called in the case of an emergency. I authorize the calling of a doctor and the providing of medical service in case of accident or injury. This gives permission for the calendar year of 2017-2018.

I certify that my son/daughter is in good health and can participate in all normal activities of the group (if there is exception, please note below).

My son/daughter has no particular reaction to food, medication, or environment unless explained as follows:

I understand that parental permission is effective continuously at any time my son or daughter is participating in Junior Bible Quiz but may be changed or revoked by notifying an authorized leader or pastor. I agree to notify the leaders in the event of any health changes.

Signature of Parent/Legal Guardian _____

Preferred Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

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