

South Texas Assemblies of God  
 Church Ministries and Discipleship Department  
**Junior Bible Quiz**  
**2018-2019**

Please Type or Print All Information  
One Form For Each Quizzer

Quizzer Registration And Consent Form	
Quizzer Information	Church Information
Name	Church Name
Mailing Address	Mailing Address
City, State, ZIP Code	City, State, ZIP Code
Home Phone	Church Phone
E-Mail Address	Senior Pastor
Team Name	Division
Consent Declaration	
<p>I, the undersigned parent or guardian of _____ (child's name) do hereby state that I have legal custody of the child, minor, who resides with me. While this minor is a registered participant in Junior Bible Quiz competition with the South Texas District of the Assemblies of God, I hereby authorize any JBQ personnel to obtain any medical care necessary. I understand, if necessary, the child will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred. I do hereby consent for the child referenced in this application to participate in all Junior Bible Quiz activities. In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs of video.</p> <p>I state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act.</p>	
_____ Parent or Legal Guardian	_____ Date
<p>* If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below.</p>	
Allergies: _____	Insurance Information: Is child covered by a medical insurance policy? YES / NO
Medications being taken: _____	Name of Carrier: _____
Group/ Policy# _____	Claims Address of Carrier: _____
Phone: ( ) _____	My child IS / IS NOT allowed to take Aspirin (1or 2)                      My child IS / IS NOT allowed to take Tylenol (1or2)
Return form with Team Registration to: South Texas District JBQ, 11102 East Freeway, Houston, Texas 77029 (713-455-1221) or <a href="http://www.stxagchurchministries.org">www.stxagchurchministries.org</a>	