

Player Parental Consent Form

2016 National Bible Bowl Tournament

Anaheim, CA July 11th-14th

Participant Information:

Name:		Birthday:(mm/dd/yyyy)		Gender: <input type="checkbox"/>Male <input type="checkbox"/>Female	
School status (circle one): Public Private Home			School grade during this season:		Age at Nationals:
Address:			City:	State:	Zip:
Home Phone:		Cell Phone:		Email:	
Health Insurance Company:				Policy Number:	
Known allergies/reactions:					
Medications currently taking:					
Church you are attending with:				Your home church:	

Parent/Adult Guardian Information:

Primary contact:		Relationship:	Phone:
Secondary contact:		Relationship:	Phone:

I, the parent or legal guardian (listed above) of the participant listed on this form, certify that he/she has my full approval to participate in the National Bible Bowl Tournament (and any functions thereof) for the year specified above. The individual identified on this form understands that all participants are expected to abide by the conference rules and be directly responsible to the Board of Directors of National Bible Bowl. The Board of Directors assumes responsibility for discipline at the event and, if necessary, may, because of misconduct or disobedience, disqualify an individual from any competitions. In such an instance, I will assume full responsibility for returning the participant home.

Further, I do release and hereby agree to hold blameless National Bible Bowl and its employees and agents from any and every claim arising from, or which may be asserted by me or any member of my family by reason of participating in any activities associated with the National Bible Bowl Tournament. I also release the lessor/owner of properties on which the events are held. I agree to pay for any damages or property loss as determined by National Bible Bowl or Hotel/Convention officials.

In the event that an emergency arises involving my child I understand that all attempts will be made to contact me, however, if I cannot be reached, I give my permission for National Bible Bowl staff or volunteers to seek emergency medical or surgical treatment for my child at the nearest medical facility. It is understood that I will assume any financial responsibility for any expenses that may be incurred for said emergency treatment.

I certify that all information listed on this form is true and accurate (including school status, grade and age information, and church attendance/membership information) and that any false statements will disqualify the participant from any competitions at the event (and consequently the eligibility of any team with which they may be registered).

I understand that National Bible Bowl may use photographs or video footage of all participants who attend the event for promotional purposes. In addition to this I realize that National Bible Bowl may release the names and contact information of participants to Colleges and Universities associated with National Bible Bowl. I understand that if I prefer that images and/or video of the above participant NOT be used, or that his/her name and contact information not be released to said institutions, I must send a written request to that effect to the address: National Bible Bowl – 110 Boggs Lane, Suite 330—Cincinnati, OH 45246. Fax: 513-858-2696

My consent and signature is given below. I have read and agree to the information given in this form.

Signature of Participant _____ **Date** _____

(If under 18, participant's parent or legal guardian must sign)

Printed Name of Parent/LegalGuardian _____ **Date** _____

Signature of Parent/Legal Guardian _____

All information provided on this form will be kept confidential and used by National Bible Bowl for emergency, eligibility, and promotional purposes only. We will not share this information with any other organizations (except in the cases mentioned above, i.e. emergencies and colleges).