



New York State Junior Bible Quiz

1st and 2nd Grade Quizzer Consent of Participation

NAME (QUIZZER): _____ GRADE (check one): 1st grade ____ 2nd grade ____

ADDRESS: _____

HOME PHONE: _____ PARENT CELL PHONE: _____

EMAIL: _____

SECTION: _____ CHURCH: _____

COACH'S NAME: _____

PLEASE READ FOLLOWING:

My signature verifies that I understand the rules and guidelines of the Junior Bible Quizzing Program for New York State and that I will ensure this child's well-being in their participation of this ministry. I agree that I will help this child to obey all rules and follow the directives of the coaches and will speak up if I have any concerns at any time.

My signature also signifies that, so far, this child has proven that he or she is mature enough to quiz. After observing this child compete in the first Junior Bible Quiz Meet, I can confidently say that he or she is able to withstand the stresses that quizzing can create and correctly handles him or herself in both wins and losses.

I understand that the purpose of this ministry is to help children hide God's Word in their hearts and will ensure that this child begins to learn the Word in a safe, fun environment.

ANY COORDINATOR, COACH OR PARENT WHO CANNOT ACCEPT THESE TERMS AND CONDITIONS SHOULD NOT SIGN THIS PERMISSION FORM.

SIGNATURE OF PARENTS/GUARDIAN: _____

SIGNATURE OF COACH: _____

SIGNATURE OF SECTIONAL COORDINATOR: _____

Why do you want to quiz? (optional, for quizzier)