

# Trek 24-7 Bible Quiz Registration Form

**January 21, 2012**



**Bible Baptist Church**  
 1500 East Vine St  
 Kissimmee, FL

**Check-in Time**                    9:00 AM  
**Quizzing Begins**                10:00 AM

**Dress Code:**

**Questions will come from:**

- Trek Check Entrance Booklet
- Trek Bible Study-Yield (*Dashboard Series*)

*Teams will consist of 2-6 members  
 (up to 4 quizzers may participate at one time)*

**Formats:**    *Team Multiple Choice*    20 Minutes  
                   *Team Speed*                            20 Minutes

*Guys:* Collared shirts and slacks.  
 (No Jeans)

*Girls:* Dresses, slacks or a skirt & blouse.  
 (No Jeans)  
 \*Dresses & skirts should cover the knees  
 when seated.

All team members are encouraged to wear their uniform  
 T-shirt or follow the dress code mentioned above.

<b>Church Information</b>	<b>Church Name</b>		<b>City</b>	
<b>Contact Information</b>	<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Zip Code</b>
	<b>Phone</b>	<b>Email</b>		

\_\_\_\_\_ # of Teams @ \$20.00 each .....\$ \_\_\_\_\_  
 (Registration & Payment sent on or before 1/6/12)

\_\_\_\_\_ # of Teams @ \$30.00 each .....\$ \_\_\_\_\_  
 (Registration & Payment sent after 1/6/12)

Total Payment Due.....\$ \_\_\_\_\_

Date Payment is Postmarked..... \_\_\_\_\_

**Make checks payable to:**  
**Awana Clubs International**

**Please mail to:**  
**Florida Awana**  
**PO Box 704**  
**Valrico, FL 33595**

**Online Registration is available at: [www.AwanaFL.com](http://www.AwanaFL.com)**



*A Parental Consent and Release of Liability Form must be filled out and turned in for each student participating in Bible Quiz.*

Office Use Only:

Date Postmarked: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_



**Parental Consent and Release of Liability  
Please Print and Provide All Information Requested**

**IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.**

**Please return this form to your coach/coordinator before each Event.**

**To Be Filled Out By the Church – Please Print**

Child's Name: \_\_\_\_\_ Church Name: \_\_\_\_\_

City/State \_\_\_\_\_ Coach: \_\_\_\_\_

Date and location of the Event the Child is attending: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

TEAM STATUS: **Circle One:** SPARKS (T&T)BOYS (T&T)GIRLS (T&T)COED TREK JOURNEY QUIZ GRANDPRIX OTHER \_\_\_\_\_

I understand and agree that participation in "AwanaGames," "Sparks-a-Rama" or "Awana Bible Quiz" ("Event") is a privilege. In consideration of that privilege, I am signing this Parental Consent and Release of Liability.

**Consent to Attend Event**

I hereby give permission for my Child to attend and participate in the Event.

**Release of Liability**

Prior to my Child's involvement in the Event activities, I acknowledge that involvement of my Child in the Event may involve risk of property damage and of personal injury, illness or even death, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in and around facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions.

By signing this Parental Consent and Release of Liability, I state that my Child is fully capable of safely participating in all Event activities, and I expressly assume all risks of my Child's involvement, whether such risks are known or unknown to me at this time. I further generally release Awana Clubs International ("ACI") its directors, officers, employees, volunteers, and agents, and other participants at the Event, from any and all claims that I or my Child may have against any of them, whether on or off Event grounds. This Release of Liability is given on behalf of myself, my Child, and any heirs, family, estate, administrators, and personal representatives of me and my Child.

I expressly agree that this Release is intended to be as broad and inclusive as permitted by the State of Illinois.

**Consent to Medical Treatment**

I hereby give my consent that my Child may receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

List any medical or food allergies of Participant (please write "None" if applicable): \_\_\_\_\_

Will Participant be under any medication while at Event? Yes  No

If yes, please provide details: \_\_\_\_\_

**Media Release**

I understand that at this event or related activities, my Child may be photographed. I agree to allow my Child's photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

**Authority to Sign**

I represent and warrant that I am a parent or legal guardian of the Child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my Child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

I agree that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois, without giving effect to its conflict of law principles. Any litigation under this agreement shall be resolved in the courts of Cook County, Illinois.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name and Phone Number

\_\_\_\_\_  
Emergency Contact: Name and Phone Number