

Quizzer's name _____

Birthdate (y/m/d) _____ Grade _____ Quizzer's cell phone _____

Address _____ Postal code _____

Parent/guardian name(s) _____

Parent/guardian cell phone(s) _____

Emergency contact name and cell phone (primary) _____

Emergency contact name and cell phone (secondary) _____

Provincial health card number _____

Additional private health insurance information _____

Allergies and other medical information (including Rx meds and OTC used) _____

Bible quizzing event detailsDestination **Crowsnest Lake Bible Camp, Coleman, AB** Dates **April 13 - 16, 2023**Trip coordinator name(s) **Luke Shevkenek**Trip coordinator cell phone number(s) **(306) 242-3730****Consent and medical release**I/we give permission for _____ (child's name)
to attend and participate in the Bible quizzing event described above.

In case of an emergency, I/we understand every effort will be made to contact me/us. If I/we cannot be reached, I/we grant the trip coordinator(s) permission to act on my/our behalf and to arrange for my child to receive any and all emergency medical treatment needed and deemed necessary by a licenced emergency personnel and/or licenced health care provider.

Parent/guardian signature(s) _____

Date _____