

2008 NATIONAL FINALS OFFICIAL'S APPLICATION



Instructions for registrants who would like to officiate at the 2008 National Bible Quiz Finals: Please complete the form in its entirety and sign below. Please type or print the information requested. Electronic signatures will be accepted. **Forms must be postmarked or faxed by Friday, June 6, 2008.**

OFFICIAL'S INFORMATION

LAST NAME	FIRST NAME	AGE		
STREET ADDRESS	APT. NUMBER	CITY	STATE	ZIP
HOME PHONE NUMBER	WORK PHONE NUMBER	E-MAIL ADDRESS		
CURRENT CHURCH	CITY	STATE		

Were you a former, or are you a current, quizzer? YES NO Former Current
 If yes, please mark the highest level of competition attained: District Finals Regional Finals National Finals

CHURCH THAT YOU QUIZZED WITH	CITY	STATE
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PREVIOUS LEVEL OF OFFICIATING EXPERIENCE/AVAILABILITY

	Scorekeeper	# of Years	Judge	# of Years	Quizmaster	# of Years
DISTRICT FINALS						
REGIONAL FINALS						
NATIONAL FINALS						

How many times have you officiated at a league meet during the GEPCP season?

How many tournaments have you officiated at during the GEPCP season?

If I am accepted as an Official for the 2008 National Finals competition, I am willing and will be able to officiate during the following days:

Monday, July 7 through Thursday, July 10, 2008 Yes No

If I am accepted as an Official for the 2008 National Finals competition, I will adhere to the guidelines and policies set forth for National Finals (including dress code) and I will be in attendance at all functions.

NO applicant is guaranteed a specific position (Scorekeeper, Judge, Quizmaster) and NO guarantee will be given as to where one will officiate.

NOTE: All applicants under the age of 18 must also turn in a completed Bible Quiz Parental Consent and Assumption of Risk form. Applicants under the age of 18 who do not submit this form will not be allowed to officiate. Forms may be downloaded from www.BibleQuiz.com.

Signature of Participating Official	
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PLEASE RETURN ALL COMPLETED FORMS TO:

national youth ministries/Bible Quiz • ATTN: Jason Womelsdorf • 1445 North Boonville Avenue • Springfield • MO • 65802
 Phone: 417.862.2781, x4034 • Fax: 417.862.1693 • E-mail: bq@ag.org



NATIONAL FINALS 2008 OFFICIAL'S MEAL AND T-SHIRT REGISTRATION FORM

In an effort to provide cost effective meals during the week of National Finals, each Official **MUST** provide projected numbers for the meal options below. Total numbers should include meal registrations for the Official or those traveling with that Official whose meals will not be registered with a team. Form must be submitted with other registration paperwork. Payment for meals may be submitted with the Official's registration or may be paid for at National Finals during on-site registration on Saturday, July 5. Each individual must pay for the total number of meals—including guest meals—that they reserve for each meal option. Forms **must** be submitted for each Official—even if the number of meals totals zero. Meals will be served daily at Hotel Sierra.

OFFICIAL'S NAME	PHONE NUMBER	E-MAIL ADDRESS
CHURCH NAME	CHURCH CITY	CHURCH STATE

FOR OFFICIALS (Under **TOTAL NUMBER ATTENDING**, number on each category should be either "0" or "1".)

MEAL	TOTAL NUMBER ATTENDING		COST PER PERSON		TOTAL COST
Monday Lunch		x	FREE	=	FREE
Tuesday Lunch		x	FREE	=	FREE
Wednesday Lunch		x	FREE	=	FREE
Thursday Lunch		x	FREE	=	FREE
Friday Awards Banquet – 6:30 p.m.		x	FREE for all Officials	=	FREE
TOTAL DUE					FREE

FOR SPOUSES, PARENTS, COACHES OR OTHER GUESTS TRAVELING WITH OFFICIALS

Please do not list names of team or individual quizzers, team coaches or other guests that would be listed on a team or individual meal registration.

MEAL	TOTAL NUMBER ATTENDING		COST PER PERSON		TOTAL COST
Monday Lunch		x	\$12.50	=	
Tuesday Lunch		x	\$12.50	=	
Wednesday Lunch		x	\$12.50	=	
Thursday Lunch		x	\$12.50	=	
Friday Awards Banquet – 6:30 p.m.		x	\$30.00 for spouses, parents and/or other guests	=	
TOTAL DUE					

BANQUET REGISTRATION: Names of spouses, parents, coaches and other guests registered for the banquet. A list containing the name of each person attending the banquet will be checked at the door to the banquet hall. Each person's name must be checked before their entrance is permitted. If the name of your spouse, parent, coach or guest is not listed, entrance to the banquet hall will not be permitted. The number of registrations and the number of names must match. **Please note: if the individual attending the banquet is between the ages of 1 and 10 (0-4 eat free; 5-10 eat half-price) please note the age next to their name.** (If necessary, please attach an additional sheet or list names on the reverse of this form.)

BANQUET NAME #1 _____ Age _____	BANQUET NAME #3 _____ Age _____
BANQUET NAME #2 _____ Age _____	BANQUET NAME #4 _____ Age _____

T-SHIRT REGISTRATION: To pre-order a 2008 National Finals t-shirt, please list the name of the Official, spouse, parents and/or other guests who would like a t-shirt. Please do not list names of team or individual quizzers, team coaches or other guests that would be listed on a team or individual registration form. If t-shirt payment is sent in with the application form the cost is \$15.00; if paying on-site the cost will be \$16.00.

T-SHIRT NAME #1 _____ SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	T-SHIRT NAME #3 _____ SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL
T-SHIRT NAME #2 _____ SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	T-SHIRT NAME #4 _____ SIZE: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL

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PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION

INSTRUCTIONS: Forms must be typed or printed in black or blue ink. One form should be completed for each student **under the age of 18** who will be traveling to the National Bible Quiz Finals. Parents or legal guardians of minors are required to complete this form and return it to the National Bible Quiz office. The information requested is designed to assist the Bible Quiz office in providing for the safety of minors during the event. **THIS FORM IS NOT VALID IF COMPLETED BY THE STUDENT TRAVELING. THIS FORM MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN OF THE MINOR LISTED BELOW.** Forms must be notarized by a Notary Public. Please return one completed form per student with the team registration paperwork.

General Information

Student's Name		D.O.B	
Father's Name		Mother's Name	
Student's Address			
City		State	Zip
Home Phone		Parent's Work Phone	
Doctor's Name		Doctor's Home Phone	
Doctor's Work Phone			
Insurance Company Covering Child*			
Address of Insurance Company			
City		State	Zip
Policy Holder Name			
Policy Number		Group ID Number	

Consent, Certification and Assumption of Risk

I, the undersigned, being the parent or legal guardian of the minor named above (the "Student"), do hereby consent to the student's participation in the 2008 National Bible Quiz Finals, sponsored by the national Bible Quiz office of the Assemblies of God **national youth ministries**, being held in Green Bay, Wisconsin (place), including, but not limited to, all of the activities customarily associated with a National Bible Quiz Finals. Permission is given to the Bible Quiz office of the Assemblies of God **national youth ministries** to use photographs of my child (individual or group) and/or multi-media images, recordings and testimonies in the best interest of the Assemblies of God.

I understand that while the above-named student participates on the trip, he or she is responsible to comply with all orders and directives of the national Bible Quiz office leadership and/or the Assemblies of God leadership in charge of the event.

I am aware of the hazards and risks to my student and his or her property associated with travel, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity and random acts of violence. I accept my student's travel with full awareness of these risks, and, subject to the insurance coverage of the personal policy covering my student, I voluntarily assume all risks of death, injury, illness and damage to my student associated with such risks, and any damage to his or her personal property. I further recognize that such risks have always been associated with travel (2 Corinthians 11:23-28).

Further, I certify that the student is physically fit and adequately trained to participate in such a trip. I have contacted either our public health department or a travel clinic and our local physician regarding vaccinations, immunizations and other precautions for the prevention of disease. I certify that the student has followed and is following all procedures (shots, serums, medications, etc.) recommended by our local physician and the aforementioned agencies.

Subject to the insurance coverage of the personal policy covering my student, I waive and release any and all claims for damages which I, or my heirs or successors, may have against the national Bible Quiz office, **national youth ministries** of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the trip, or any agent or employee of any of such organizations, arising from my child's death, injury, or illness, or any property damage or loss occurring during the term of his or her travel and competition or as a result of his or her travel and competition.

Subject to the insurance coverage of the personal policy covering my student, I do hereby assume all risks of death, illness, or injury that my student may suffer as a result of said travel and competition, from those causes described above.

I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid and binding obligation upon me enforceable against me in accordance with its terms.

Medical Questionnaire

Is your student presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes No If yes, please explain: _____

Is your student allergic to any type of medication?

Yes No If yes, please explain: _____

Does your student have any allergies other than to the medication(s) listed above?

Yes No If yes, please explain: _____

Does your student ever sleep walk?

Yes No

Can your student swim?

Yes No

Does your student have any physical condition or illness that would prevent him or her from participating in rigorous activity?

If yes, please explain below. A written release must be submitted by your physician authorizing your student to participate in rigorous activity.

Yes No If yes, please explain: _____

*Please call the national Bible Quiz office at 417.862.2781, x4034 if your student is not currently covered by medical insurance. Inexpensive travel insurance for church activities may be purchased to cover your student for the duration of their travel and participation in the 2008 National Bible Quiz Finals.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my student. However, in the event that I cannot be reached, I authorize the calling of a doctor and/or emergency medical staff and the providing of necessary medical services in the event my student is injured or becomes ill. I authorize the director or properly appointed staff member of the 2008 National Bible Quiz Finals, or someone from my local church, to make emergency medical care decisions on behalf of my student, if required by law or a health care provider.

I agree to notify the national Bible Quiz office of the Assemblies of God **national youth ministries** in the event of any health changes that would restrict my student's participation in the 2008 National Finals competition. I also understand that the adult supervisors from the aforementioned agencies reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I waive the right to file a lawsuit against any of the aforementioned agencies and/or their respective employees for any disputes or claims which may arise from my student's travel to and from, or participation in, the 2008 National Bible Quiz Finals. I further state that I have carefully read this foregoing assumption of risk and understand its contents, and I voluntarily sign this release for my student as my own free act.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

AUTHORIZATION OF NOTARY PUBLIC

STATE OF _____

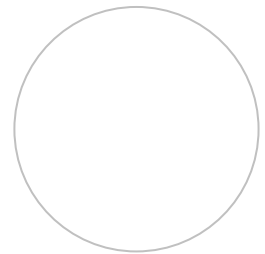
COUNTY OF _____

On this _____ day of _____,

20_____, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

Signature: _____

My Commission Expires: _____



Forms should be returned with team registration, individual registration or Official's application paperwork for all students under the age of 18. For individuals over the age of 18, please contact the national Bible Quiz office for the appropriate form.

PLEASE SUBMIT ONE FORM PER STUDENT TO:

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