

# TruthQuest Registration Form

June 21-23, 2009

9 am – 3 pm

Children need to have **completed**

Grades 1 – 4 to participate

\$30 (through June 13)

\$40 (after June 13)

Name \_\_\_\_\_

2009-2010 School Grade Completed \_\_\_\_\_ Male/Female (Circle One)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend TruthQuest. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of TruthQuest, I hereby authorize TruthQuest staff to obtain or provide medical treatment for my son/daughter for such injury or illness during TruthQuest, and I hereby hold the TruthQuest, and sponsoring organization, as well as its representatives, harmless in the exercise of this authority.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I release the sponsoring organization and its representatives from any claims for personal illness or injury that my son/daughter may sustain during TruthQuest, and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during TruthQuest.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Should the parent or guardian (primary contact) not be available, who would we contact (secondary contact) in case of emergency?

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_