



**JUNIOR BIBLE QUIZ**  
SOUTH TEXAS

South Texas Assemblies of God  
Church Ministries and Discipleship Department  
**Junior Bible Quiz**  
**2020-2021**

Please Type or Print All Information  
One Form for Each Quizzer

**Quizzer Registration and Consent Form**

Quizzer Information	Church Information
Name	Church Name
Mailing Address	Mailing Address
City, State, ZIP Code	City, State, ZIP Code
Home Phone	Church Phone
E-Mail Address	Senior Pastor
Team Name	Division

**Consent Declaration**

I, the undersigned parent or guardian of \_\_\_\_\_, (child's name) do hereby state that I have legal custody of the child, minor, who resides with me. While this minor is a registered participant in Junior Bible Quiz competition with the South Texas District of the Assemblies of God, I hereby authorize any JBOQ personnel to obtain any medical care necessary. I understand, if necessary, the child will be taken to a nearby hospital and will be attended by a physician on call. I further understand that I will be responsible for any medical expenses incurred. I do hereby consent for the child referenced in this application to participate in all Junior Bible Quiz activities. In consideration of my child being allowed to participate in this event, I authorize the South Texas District Council of the Assemblies of God to use my child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claim against the District for the use of such photographs or video.

I state that I have carefully read the forgoing release and know the contents thereof and I sign this release as my own free act.

\_\_\_\_\_  
Parent or Legal Guardian Date

\* If my child has medical conditions, which may be relevant to a physician in the event of an emergency, I have listed them below.

Allergies: \_\_\_\_\_ Insurance Information: Is child covered by a medical insurance policy? YES / NO

Medications being taken: \_\_\_\_\_ Name of Carrier: \_\_\_\_\_

Group/ Policy# \_\_\_\_\_ Claims Address of Carrier: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ My Child IS / IS NOT allowed to take Aspirin (1or 2) My child IS / IS NOT allowed to take Tylenol (1or2)

Return form with Team Registration to: Return form with Team Registration to: JBOQ, STXAG-CM DEPT 14237 EAST SAM HOUSTON PARKWAY N.  
SUITE 200-314 HOUSTON, TEXAS 77044 (713-455-1221)  
www.stxagchurchministries.org



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Please Type or Print All Information  
One Form for Each Official

Officials Registration	
Officials Information	Church Information
Name	Church Name
Mailing Address	Mailing Address
City, State, ZIP Code	City, State, ZIP Code
Cell Phone	Church Phone
E-Mail Address	Senior Pastor (signature required)
Work Phone	Section
Team Name	Division

Officiating Experience			
	Experience	Area Willing To Serve	Tested (Y/N)
Quiz Master	<input type="checkbox"/> No Experience <input type="checkbox"/> 2-4 Months <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years		Y / N
Judge	<input type="checkbox"/> No Experience <input type="checkbox"/> 2-4 Months <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years		Y / N
Score Keeper	<input type="checkbox"/> No Experience <input type="checkbox"/> 2-4 Months <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years		Y / N
Time Keeper	<input type="checkbox"/> No Experience <input type="checkbox"/> 2-4 Months <input type="checkbox"/> 1-2 Years <input type="checkbox"/> 3-5 Years		Y / N

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## Junior Bible Quiz 2020-2021

Please Type or Print All Information  
One Form for Each Team

TEAM REGISTRATION	
Coach's Name	Church Name
Mailing Address	Mailing Address
City, State, Zip	City, State, Zip
Cell Phone	Church Phone
Email Address	Senior Pastor ( <i>Signature Required</i> )
Work Phone	Section
Team Name	
Division (Circle one)	
"B"      "A"      "AA"	

Quizzer's Name	Grade	Quizzer's Name	Grade
1)		5)	
2)		6)	
3)		7)	
4)		8)	

(Please complete a Quizzer Registration and Consent form for each child listed.)

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