



COMPETITION ENTRY FORM
2011 African American Male Academic Bowl

Team Captain's Name _____

Team's Name _____

TEAM LIST

	<u>First Name</u>	<u>Last Name</u>	<u>Age & Grade</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4) Alternate	_____	_____	_____
5) Alternate	_____	_____	_____

TEAM CAPTAIN'S INFORMATION

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone: (_____) _____ Email: _____

Occupation _____ Company Name _____

Cellular (if applicable) (_____) _____

Student Information Sheet

Student

First Name: _____ MI: _____ Last Name _____

School Name _____ Grade Level _____

Address: _____

City: _____ St.: _____ Zip _____

Cell: _____

Email: _____

Team Name _____

This is to certify that my child/ward, _____, has permission to participate in the 2011 African American Male Academic Bowl on January 30, 2011 at the Bill J. Priest Institute.

Student is not allowed to participate in any activity until all information below is completed

Parent/Guardian Information

Name: _____

Address: _____

Day Phone: (____) _____ Evening/Cellular Phone: (____) _____

Email: _____

To best meet your needs, please fill out the following information in its entirety.

Student's Full Name

Does he/she have any allergies that should concern us? Yes No

If yes, please list them below:

Does he/she have any ongoing medical or psychological conditions that should concern us?

Yes No

If yes, please list them below:

Is he/she currently taking any medication(s)? Yes No

If yes, please list them below:

Emergency Contact Information

Parent/Guardian Name

Address _____

Day Phone (_____) _____

Evening Phone (_____) _____

Other Contact(s) Information

Insurance Information

Is your child covered by medical insurance? Yes No

If yes, please fill out the following information:

Insurance Provider _____

Insurance Account Number

Does your child/ward have a copy of the insurance card? Yes No

I, _____, the parent or legal guardian of _____ understands that the 2011 African American Male Academic Bowl will not be responsible or be able to provide any medical care for my child/ward. I further understand that AAMAB will try to aid my child/ward in getting any medical attention needed in case of an emergency, and the Team Captian will take responsibilities for any emergency decision making that is necessary. I understand that I will be immediately contacted in the case

of such emergency, however my child will be treated as best as possible until I or any of the other authorized emergency contacts have been contacted.

I am the parent, one of the parents or guardian with whom the above child/ward resides and have legal custody. I assume all risks associated with participation in this event. I, the parent and anyone entitled to act on my behalf, waive and release the African American Male Academic Bowl hereof, their agents, employees, chaperones, representatives and successors from all claims or liabilities of any kind arising out of or of my child/ward's participation in this event.

In addition, I grant permission to all of the foregoing to use my child/ward or my photographs, motion pictures, recordings, or any other record of this event for any related purpose.

Signature of Parent/Guardian

Date