Child's Name_____ , _____School _____
(print clearly in black/blue ink): last name first name

MICHIGAN LEAGUE OF ACADEMIC GAMES

PERMISSION FORM FOR ACADEMIC GAMES SUPER TOURNAMENT XXXVIII

I hereby give permission for my child (named above) to participate in the Michigan League of Academic Games Super Tournament at the Grand Rapids Crowne Plaza Hotel. I hereby give my permission, if it should become necessary, to seek medical attention for my child in the case of sickness or injury.

I understand that my child must adhere to all rules and regulations set forth by the MLAG and their Academic Games teachers/coaches. I understand that if my child damages or destroys hotel property, I will be financially responsible for the damages. I understand that if he/she does not comply with set procedures, I will be asked to pick up my child from the tournament.

Circle the level and the date of the tournament your child will be attending:	**Minor/ Elementary March 7-9, 2012**	**Middle/High School March 14-16, 2012**

MEDICAL INFORMATION—please print clearly—use black or blue ink

Name of Parent/Guardian_____

Home Telephone_____ **Business Phone**_____

Cell Phone_____ **Other**_____

In Emergency Notify _____**Relationship**_____

Home Telephone_____ **Business Phone**_____

List Allergies/Asthma/other conditions_____

Allergies to Medicine _____

Current Medication _____

_____**Check if medications are being sent with child**

Name of Doctor_____ **Telephone**_____

Medical Insurance Company _____

Health Card Number (or attach a photo copy) _____

I understand that reasonable precaution will be taken to safeguard my child at the Academic Games Super Tournament at the Grand Rapids Crowne Plaza Hotel and I will not hold the Michigan League of Academic Games or any of its representatives responsible for any accident or loss which might be sustained.

_____ _____

Parent/Guardian's Signature **Home Address**

_____ _____

Child's Signature(understands all criteria) **City**

In the event of press or media coverage, I also give permission for my child to be photographed and/or named in an article or news story—Yes_____ No_____ Initials_____ (check one and initial).