

In case of accident or injury suffered, I hereby give permission to the physician or dentist selected by the City Bible Student Ministries Staff to hospitalize, secure proper treatment and/or injection, anesthesia, or surgery for my child as deemed necessary. I have noted below any health problems my child is experiencing at the present time and medications that they may be taking. I also understand that City Bible Church carries only secondary insurance coverage and that my insurance will cover any treatment.

\_\_\_\_\_  
(signature)

Health Concerns/Medications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Information:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Policy Number)



**City Bible Church  
Student Ministries**

922 Marina Blvd.  
Bullhead City AZ 86442  
(928)758-2232  
[www.citybiblechurchbhc.com](http://www.citybiblechurchbhc.com)  
Email: [clbronston@msn.com](mailto:clbronston@msn.com)

City Bible Church  
Student Ministries

**Fusion Jr. High  
Bowling  
Trip  
September 23, 2017  
1-7 pm**



**Fusion Jr. High** – this is for YOU!!!

Join us as we head up to Kingman for an afternoon of crazy bowling fun!!! We will bowl two games and then have dinner in Kingman on our way back to BHC!! A great time to get away from the heat with friends!

**September 23, 2017**

**We will leave C.B.C. at 1 P.M. and return at 7:00 P.M. on Saturday the 23rd.**

**Cost: \$15.00 to pay for Games and shoes. Additional money needed for snacks and for dinner.**

**What to bring...** A good attitude, money for bowling and dinner, a SIGNED AND DATED PERMISSION SLIP, and your best bowling game!

**What not to bring...** Guns, knives, non-prescription drugs, biological weapons, nuclear devices or anything else that will get you into trouble. IF IN DOUBT LEAVE IT OUT!! If you have any questions, please contact Christy Bronston.

**Please turn Permission slips into Christy Bronston no later than Wednesday September 20th.**  
*The earlier the better!!!*



**If you have questions or would like additional information, please contact Christy Bronston:**

**Email: [cbronston@gmail.com](mailto:cbronston@gmail.com)  
Cell: (928) 279-2733.  
Church office: (928) 758-2232.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone (day):** \_\_\_\_\_

**(evening):** \_\_\_\_\_

**Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex: M/F**

**Parent/Guardian Name:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Alternate Contact Name:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Please read and sign the medical release on the reverse side.  
Thank You.**

