

City Bible Church
Fusion Student
Ministries

Fusion Jr. and Sr. High SPRING FLING

2018

Permission Slip Due Date:
March 18th.

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, to secure proper treatment and/or injection, anesthesia, or surgery for my child as deemed necessary. I have noted below any health problems or medications is experiencing at the present time. I also understand that City Bible Church carries only secondary insurance coverage and that my insurance will cover any treatment.

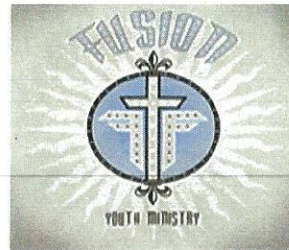
X _____
(Parent/Guardian Signature)

Health Concerns/Medications:

Insurance Information:

(Company Name)

(Policy Number)



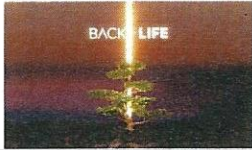
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Bullhead City AZ 86442
(928)758-2232
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cbbronston@citybiblechurchbhc.com

Fusion Sr. and Jr. High
SPRING FLING

March 23rd 6:00-9:00 pm
 March 24th 8:30-3:30 pm

Hey Fusion Students! Join us for **SPRING FLING** on Friday night and Saturday March 23rd and 24th as we enjoy fun group activities, food and as we venture through the series:



As we near Easter, we are reminded that Jesus is a God who isn't distant and has not abandoned us when things get hard or don't work out like we think they should. In fact, He's always working to bring our stories back to life. There's nothing like the great outdoors to remind us that God is always working on our behalf to bring things back to life!

Cost: \$15.00

Friday-What to Bring:

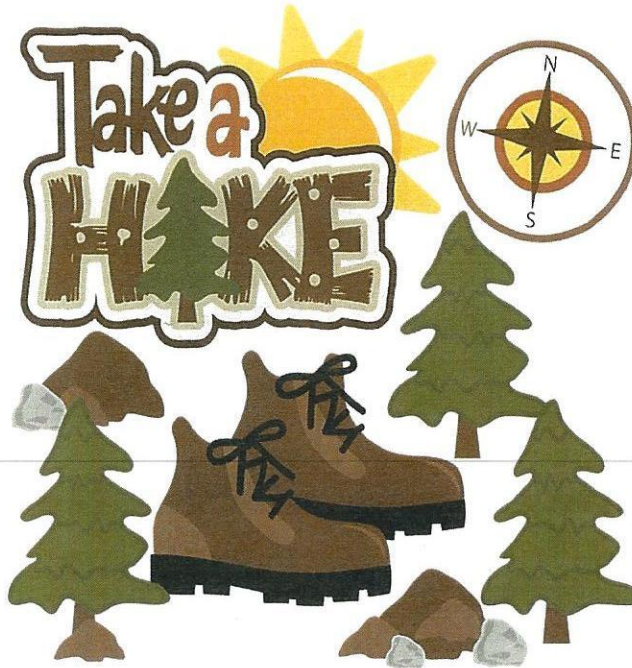
- A friend or two, or three, or four
- A snack to share
- Clothes and shoes that you can run in
- A good attitude, willingness to participate and desire to have fun.

Bring Saturday:

- A friend
- A sack lunch
- Water bottle full of water and additional drinks and snacks for trip
- Comfortable hiking clothes and shoes.
- Sunblock, sun glasses, hat, deodorant, etc.

Seating is limited.

Permission slips MUST be turned in by March 18th.



Name: _____

Address: _____

Cell Phone Number: _____

Emergency Phone: _____

Birthdate: ____/____/____ Sex: M/F

Parent/Guardian Names: _____

My son/daughter will attend:

- Friday only
- Saturday only
- Both Friday and Saturday

Parent/Guardian Signature: _____

X _____

Please read and sign the medical release on the reverse side.

