

For Official Use Only:

Student Name: _____
P W O _____

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.

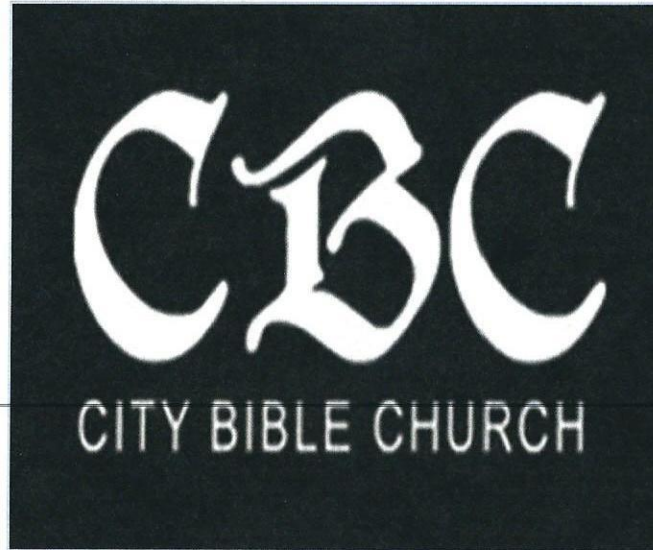
(signature)

Health Concerns/Medications:

Insurance Information:

(Company Name)

(Policy Number)

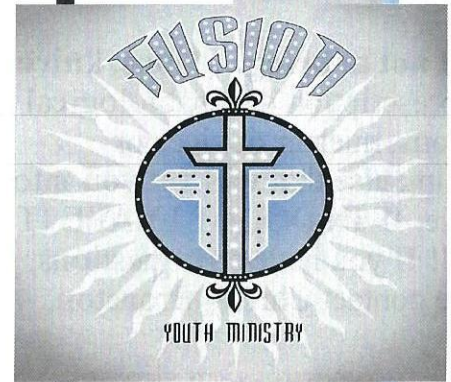


**City Bible Church
Student Ministries**

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(928)758-2232
www.citybiblechurchbhc.com
Email: clbronston@msn.com

City Bible Church
Student Ministries

**Fusion Sr. High
Bowling
Trip
October 6, 2018
1-7 pm**



Fusion Sr. 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!

October 6, 2018

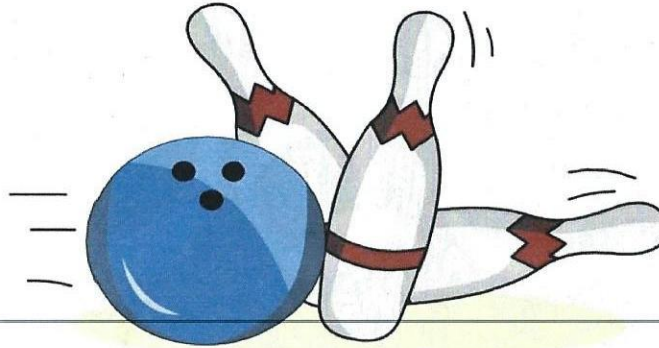
**We will leave C.B.C. at
1 P.M. and return
at 7:00 P.M.**

**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.

MUST turn permission slip and \$ into Christy Bronston **no later than Sunday September 30th**. Reserve your seat now!!!!



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

**Email: 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.**

