Pittsburgh

2024 TRIP APPLICATION

missions

GO INTO YOUR WORLD

Pittsburgh Mission Trip Application

Bridge City Church · 1200 Wolfe Ave · North Braddock, PA 15104

$25 per person / $75 cap per family

Please print clearly

PERSONAL INFORMATION

Last Name _____ First Name _____ M _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Phone(s) _____

Date of Birth _____ Sex Male | Female (circle one)

Shirt Size (circle one) YS YM YL XS S M L XL 2XL 3XL 4XL

MEDICAL INFORMATION

Name of Health Insurance Provider _____

Policy # _____

EMERGENCY CONTACTS

CONTACT 1

Name _____ Relationship _____

Phone(s) _____

CONTACT 2

Name _____ Relationship _____

Phone(s) _____

Pittsburgh Mission Trip Application

APPLICANT SIGNATURE

I have read and understand the Missions Policy Statement of Bridge City Church. I am prepared spiritually, I have planned accordingly, and sacrificed financially for this trip. I meet all of the requirements of the policy statement and am requesting to be sent from Bridge City Church. I understand that I am expected to attend all of the events planned for this mission trip.

Signature of Applicant | Print Name | Date

TRANSPORTATION WAIVER

I, the undersigned, give my consent for _____ to be transported by Bridge City Church during the Pittsburgh Mission Trip on June 20-22, and will assume all liability for their participation in this activity/event and any injury that may result during the transport or at the event/activity. Further, by signing below:

I will not hold Bridge City Church or anyone acting on its behalf, responsible or liable for injury occurring to the named person(s) in the course of such activities or such travel.

This Waiver and Release will be valid for all transportation occurring as of and after the date below.

Signature of Applicant | Print Name | Date

Pittsburgh Mission Trip Application

PERMISSION FOR MINORS

Permission for minors is required for applicants under 18 years of age.

I certify that my child has permission to participate in the Pittsburgh Mission Trip with Bridge City Church.

I understand and agree that if my child is age 12 or younger, they will be accompanied and supervised by a parent/guardian or an adult. I understand it is my responsibility to arrange in advance for the person to be responsible for my child and that they will need to submit an application and pay the fee for the mission trip.

Name of person who will accompany the child: _____

I understand and agree that this release shall hold harmless Bridge City Church and any leader or responsible person involved in the mission trip from any and all liability relating to my child, from all personal injury or illness that my child may suffer, and from any loss of property that may occur to my child during this mission trip.

In case of emergency, I give permission to the mission trip leader(s) and representatives to obtain medical treatment for my child in my absence.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Payment Received $ _____ Date Received _____

Payment Type (circle one): Cash Kiosk Check

Updated May 10, 2021