

**Student Name:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female **Student Cell Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_ *Do you want to receive The Bridge's FREE e-mail newsletter to stay in the loop about all of our events and programs? \_\_\_\_\_ Yes! \_\_\_\_\_ No thanks.*

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Address:** \_\_\_\_\_  
                     HOUSE #                      STREET                      APT#                      CITY                      STATE                      ZIP

**Parent or Guardian #1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_ *Do you want to receive The Bridge's FREE e-mail newsletter to stay in the loop about all of our events and programs? \_\_\_\_\_ Yes! \_\_\_\_\_ No thanks.*

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**Parent or Guardian #2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_ *Do you want to receive The Bridge's FREE e-mail newsletter to stay in the loop about all of our events and programs? \_\_\_\_\_ Yes! \_\_\_\_\_ No thanks.*

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**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_ **Name of Insured:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Does your child have any allergies? If so, what? \_\_\_\_\_

Are there any medical conditions we should be aware of? \_\_\_\_\_

### GENERAL, MEDIA, AND LIABILITY RELEASE

The Bridge Basketball Association (BBA) is a free, local basketball league for high school boys in the City of Elizabeth, also providing other basketball-related events and tournaments open to other age demographics, such as our annual 3-on-3 Tournament. The Bridge Basketball Association is presented and run by The Bridge Youth Ministries and its parent church, Christ Fellowship of Elizabeth.

By signing this form, I hereby give permission for my child to participate in the Bridge Basketball Association for its season competition or any of its various programs or events throughout the year. I understand, as with any sporting event, that there is possibility for injury. In such event that my child is injured as a result of participation, I release The Bridge Youth Ministries, Christ Fellowship, its employees, and volunteers from any associated liability or responsibility. I also release The Bridge, Christ Fellowship, its employees, and volunteers from any general liability that may arise as a result of my child's participation in the BBA. I understand that by signing this form and by allowing my child to participate in the BBA, I imply consent for my child's name, image, and comments to be captured or recorded and used on The Bridge's websites, social media accounts, and promotions.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_





# PARENT CONSENT FORM

*(The reverse side must be filled out in its entirety before any student can be admitted into the Bridge Basketball Association.)*