

## STUDENT INFO.

**Student Name:** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female **Student Cell Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_ *Do you want to receive our FREE Bridge e-mail newsletter to stay in the loop about all of our happenings? \_\_\_\_ Yes! \_\_\_\_ No thanks.*  
**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birthday:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Address:** \_\_\_\_\_  
                     HOUSE #                      STREET                      APT#                      CITY                      STATE                      ZIP

## PARENT / GUARDIAN INFO.

**Parent or Guardian #1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_ *Do you want to receive our FREE Bridge e-mail newsletter to stay in the loop about all of our happenings? \_\_\_\_ Yes! \_\_\_\_ No thanks.*  
 .....  
**Parent or Guardian #2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ @ \_\_\_\_\_ *Do you want to receive our FREE Bridge e-mail newsletter to stay in the loop about all of our happenings? \_\_\_\_ Yes! \_\_\_\_ No thanks.*  
 .....  
**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## OTHER INFO.

**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? \_\_\_\_\_

### PERMISSION TO WALK HOME / GENERAL RELEASES

Bridge, Jr (*grades 2-5*) begins at 6pm and ends at 7pm. The Bridge (*grades 6-12*) begins at 7pm and ends at 8:30pm. The Bridge Youth Ministries maintains responsibility for your child only during those times appropriate for your child's age.

☐ I give permission for my child to walk to & from The Bridge and will not hold The Bridge responsible for situations arising during travel.

☐ I, or one of my emergency contacts, will drop off & pick up my child from The Bridge promptly when the program ends.

By signing this form, I hereby give permission for my child to attend The Bridge and its various programs and events throughout the year. I understand that allowing my child to attend The Bridge Youth Ministries and its events or programs implies consent for my child's name, image, and comments to be captured or recorded and used on our websites and promotions. I also release The Bridge Youth Ministries, Christ Fellowship, its employees, and volunteers from any liability whatsoever arising out of the participation of my child in this program.

**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.)*