

CONTACT SHEET



* Only fill out if you have not signed up for Summer '24/School Year '24/'25

STUDENT

Student Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Student Email: _____

Student Phone: _____ Birthdate: _____

School: _____ 2024/2025 Grade: _____

Allergies or Medical Concerns: _____

Do You Attend a Church: Y or N (Circle)

If Yes, Which Church? _____

GUARDIANS

Parent/Guardian 1 Name: _____

Relationship to Child: _____

Phone: _____ Home/Cell/Work (Circle)

Email: _____

Address: (if different than student) _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Phone: _____ Home/Cell/Work (Circle)

Email: _____

Address: (if different than student) _____

EMERGENCY

Emergency Contact Name: _____

Relationship to Child: _____

Phone: _____ Home/Cell/Work (Circle)

Please sign waiver on reverse side

WAIVERS & POLICIES



EMERGENCY POLICIES

Severe Weather: If a severe weather watch or warning is issued 1 hour prior to a scheduled event, that event will be cancelled. If issued during programming, the event will continue as scheduled, though parents may pick their children up. In the event of a tornado warning, anyone in the building will take shelter in an interior room and may not leave until the warning has expired.

Closings: If school or after-school events are cancelled, The Bridge will also be closed.

Fire: In the event of a fire, all program participants will be escorted to the lawn on the northwest corner of the building.

CPR/First Aid: There are certified CPR and First Aid staff members and an AED in the building in case of a medical emergency.

Violent Intruders: In the event of an intruder intending harm, staff will alert all program participants to flee the building out the nearest & safest exit.

WAIVERS & AGREEMENTS

Health/Wellness: To the best of my ability I will follow all health & wellness orders and guidelines laid out by local, state, and federal authorities.

I will monitor the health of my child regularly and communicate with The Bridge about any symptoms as soon as possible to ensure my child is staying healthy enough to participate in programs.

Medical Treatment: In case of an emergency, I provide permission for The Bridge to have my child treated by a physician and/or hospital. Opt Out

Media: I grant my permission for the rights to use and record my child's image and/or voice on film, photograph, print, and other media to be used on social media, website, and any other form of print. Opt Out

Communications: I provide permission for my child to receive texts from The Bridge. Opt Out

Transportation: I provide permission for a representative of The Bridge to transport my child for program and/or emergency purposes. Opt Out

SIGNATURE

By signing below, I agree to the above policies and permissions.

Guardian Signature _____

Date _____