

The Bridge Participant Registration

Bayside Church

Event: Girl's Night - Book it

Date: 2/25 6-9:00PM

Student's Information

Student's First Name	Student's Last Name	Home Phone Number:
Gender (M or F)	Date of Birth:	Grade:
Address		
City, State, and Zip		

Parent Information

Parent's First Name	Parent's Last Name	
Full Address (If different from above)		
Home Phone	Alternate Phone	Email

Emergency Medical Information

Alternate Contact First Name	Alternate Contact Last Name	
Home Phone	Work Phone	Cell Phone
Student's Physician	Physician's Address/Phone #	
Medical Insurance Provider	Medical Insurance #	
Special Circumstances/physical limitations (health, food allergies)		
Is your student currently taking any medications? Yes No If yes, please explain what kind and when the student needs them.		
Is your student currently under a physician's care? Yes No If yes, please explain:		

Medical Release (In case emergency medical treatment is necessary)

I, the undersigned parent or guardian of the student named on this form, a minor, have legal authority, and do hereby authorize and consent to any X-ray examination, medical or surgical diagnosis, treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Service.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that ever effort shall be made to contact the undersigned prior to rendering treatment to the patient, that any of the above treatments will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the primary responsibility for any costs connected with such

Parent/Guardian Signature	Date:
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Permission Statement

MODEL RELEASE: For promotional purposes, videos and photographs are taken at Bridge events. Your registration constitutes permission for Bayside Church to use your picture in promotional materials.

LIABILITY RELEASE: I understand that The Bridge program is conducted by Bayside Covenant Church through its employees, volunteers, participants and others acting on Bayside's behalf, all of whom are referred to together as "Bayside" in this liability release. in consideration for the services provided through The Bridge program, I hereby agree to release and discharge all of the parties referred to as Bayside above as follows:
 I voluntarily choose to allow my student to participate regardless of the risks in participating in The Bridge Program. I understand and acknowledge that The Bridge Program includes activities with a risk of injury or death. I expressly agree and assume all risks arising from, or relating to, my student's participation in The Bridge Program, including the risk of acts or omissions by Bayside constituting ordinary or gross negligence. I assume these risks both on my own behalf as parent or legal guardian of the student I am registering and on the behalf of my student's own rights.
 I acknowledge that this agreement extends not only to any rights I may have as the parent of my student, but to my student's own rights as well. This release form is completed and signed of my own free will with the purpose of granting my student listed above permission to participate in The Bridge program. I have had a sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Parent/Guardian Name (printed)	Mode of Transportation:
Parent/Guardian Signature	Date: