

Office Use Only:	
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Notes:	_____

## STUDENT MEMBERSHIP APPLICATION

Every student needs a SMA on file. Send completed application to: 15555 S. 71<sup>st</sup> Ct. • Orland Park, IL 60462 • 708.532.0500 • info@thebridgeteencenter.org

### PERSONAL INFORMATION:

*This information will NOT be shared outside of The Bridge Teen Center.*

**Please PRINT neatly.**

Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's Home Phone: \_\_\_\_\_

Student is able to receive text messages:  Yes  No Student's Email: \_\_\_\_\_

Social networks student uses:  Facebook  Tumblr  Twitter  IM: \_\_\_\_\_  Other: \_\_\_\_\_

Student's Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender:  Male  Female Ethnicity (for grants): \_\_\_\_\_

Student's School: \_\_\_\_\_ Grade in School:  7  8  9  10  11  12

Mailing Address: \_\_\_\_\_

Student & Parent / Legal Guardian's Mailing Address	City	State	Zip
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Parent/Legal Guardian's Name: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Home Phone (if different): \_\_\_\_\_

Best way to contact Parent:  Email  Cell Phone  Other: \_\_\_\_\_ Parent is able to receive text messages:  Yes  No

### EMERGENCY CONTACTS:

*In case of emergency during a Bridge Event, list who The Bridge can contact. If we cannot reach the first person on the list, we will call the next.*

1. \_\_\_\_\_

Name	Relationship to Student
Cell Phone	Home Phone
	Work Phone

2. \_\_\_\_\_

Name	Relationship to Student
Cell Phone	Home Phone
	Work Phone

### HEALTH CONDITIONS AND SPECIAL NEEDS:

***It is the responsibility of student and parent to disclose all relevant information.*** Additional information or physician's clearance may be required.  
*Information will be kept secure and confidential; it will be used only to determine appropriate assistance.*

**NO health conditions/needs**

ADHD / ADD  (must be medically diagnosed) \_\_\_\_\_

Allergies  Mild / Moderate / Severe (require epi-pen?) \_\_\_\_\_

Asthma  Mild / Moderate / Severe (require inhaler?) \_\_\_\_\_

Behavior/Emotional Concerns  \_\_\_\_\_

Communicable Diseases  (i.e. HIV, Hepatitis, Lice, etc.) \_\_\_\_\_

Diet or Activity Restrictions  \_\_\_\_\_

Medications  \_\_\_\_\_

Seizure Disorder  Date of last seizure: / / Seizure Type: \_\_\_\_\_

Diabetes  Type I / Type II \_\_\_\_\_

Wheelchair User  \_\_\_\_\_

Other  (autism, heart condition, any special needs that warrant attention at school, etc.) \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION OF MEDICAL TREATMENT:**

*Parent / Legal Guardian needs to read and sign below.*

I, legal guardian and or parent of the aforementioned minor, hereby authorize and give my consent that in my absence and ability to be reached or be present that the above named minor be admitted to any hospital or medical facility for diagnosis and treatment. In the event of an emergency I authorize the transportation of my child via ambulance and any and all medical treatment by ambulance staff and all emergency personnel. I hereby request and authorize any physicians, dentists, medical staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians, hospital staff, medical staff or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, x-ray procedures or any and all medically necessary procedures on the above minor. I hereby authorize that in my absence or inability to be reached that The Bridge Teen Center and or its representative be granted the authority to make any and all necessary medical decisions (using best judgment and upon advice of such medical or emergency personnel) for my minor child and hereby agree to hold The Bridge Teen Center and/or its personal representatives, agents, assigns and/or directors harmless for the resulting consequences of such decisions.

I recognize that as a result of medical treatment and care costs may be incurred. I hereby recognize and acknowledge any medical payments and or costs for such medical treatment incurred, including but not limited to deductibles, medical services, prescriptions and co-payments, are my responsibility. I agree that under no circumstance will I seek any contribution from The Bridge Teen Center, their insurer or hold them responsible for any costs as a result of medical expenses occurred for care and treatment.

X \_\_\_\_\_  
Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL PERMISSONS:**

*Parent / Legal Guardian needs to read and initial below.*

**Permission to Transport:** I give permission for my child to be transported as necessary to off-site Bridge Teen Center events. X \_\_\_\_\_ Initial

**Viewing Agreement:** I give permission for my child to view PG/PG13 movies that are being shown at The Bridge and have been previously viewed by the staff and deemed appropriate for youth attending The Bridge Teen Center. X \_\_\_\_\_ Initial

**Gaming Agreement:** I give permission for my child to play and watch video games rated T for Teens or below, that are deemed appropriate by The Bridge Teen Center staff. X \_\_\_\_\_ Initial

**CODE OF CONDUCT:**

*Both Student and Parent / Legal Guardian need to read and sign below.*

At The Bridge Teen Center we want to maintain a safe and fun atmosphere for students based on the following guidelines:

**B**e faithful to attend the program you signed up for or contact The Bridge within 48 hours of the event if you need to cancel.

**R**emain in the building for the length of the program unless you have communicated with both the Bridge staff and your parent(s).

**I**nteract and respect others—Bridge staff, volunteers and other students; listen when others talk.

**D**ecide to be responsible for your attitude by being open and teachable.

**G**o with the flow, honor The Bridge's and other people's space and property. This is an illegal substance and weapon free facility.

**E**ncourage rather than put down others; use appropriate language.

If students are unable to adhere to the Code of Conduct and have repeated or extreme infractions, The Bridge reserves the right to contact student's guardian/parent(s) and/or the authorities.

X \_\_\_\_\_ X \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE AGREEMENT:**

*Both Student and Parent / Legal Guardian need to read and sign this agreement.*

In consideration of participation at The Bridge Teen Center, I, the undersigned (as legal representative and/or guardian) and student, hereby agree to indemnify and hold harmless and covenant not to sue The Bridge Teen Center and hereby waive, release and discharge them from any and all claims for loss or damage, death, personal or bodily injury or property damage which I may have or which hereinafter may accrue to me against The Bridge Teen Center, its employees, agents, assigns, volunteers, directors and for any liability arising out of or connected in any way with my participation with The Bridge Teen Center. The undersigneds hereby agree to indemnify and hold harmless and releases from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from involvement in any activity at The Bridge Teen Center or involvement with The Bridge Teen Center, whether caused by any negligent act or omission of the releases or otherwise. It is further understood and agreed that this waiver and release has been entered into freely and will be binding upon me and on my heirs and assigns. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by Illinois law and that if any portion of this agreement is held invalid, void or unenforceable for any reason it is agreed that the balance or remainder shall, notwithstanding, continue to be in full legal force and effect.

By signing this application, I understand that my child will be participating in free programs at The Bridge Teen Center. I agree to allow images of my child (video, photo, other digital media) captured during programs to be utilized in printed materials, media materials, or online. I agree to waive any rights of compensation or ownership of these images. My child's name will not be publicized in conjunction with these images, unless an authorized representative of The Bridge Teen Center receives verbal or written permission. The Bridge Teen Center is not liable for images of your child that are "tagged" by other individuals on social media websites.

I acknowledge I have read and agree to the program policies, permissions and Code of Conduct. By signing below I acknowledge I have read this document (Student Membership Application), agree to same and understand its contents.

X \_\_\_\_\_ X \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent / Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_