



15555 S. 71st Ct. • Orland Park, IL 60462 • 708.532.0500 • thebridgeteencenter.org

OFFICE USE ONLY:

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Notes:

STUDENT MEMBERSHIP APPLICATION

Your confidential data helps us maintain a safe environment and helps with funding for our free programs.

ELIGIBILITY REQUIREMENTS & CODE OF CONDUCT:

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

The Bridge Teen Center is a private entity that serves students without regard to race, color, sex, age, residency, national or ethnic origin, religion, sexual orientation, ancestry, or any other protected status. To qualify for programs and events at The Bridge Teen Center, students must meet the criteria listed below. Otherwise qualified persons are not subject to discrimination.

- Be in 7th-12th grade (begin summer entering 7th grade through summer after HS graduation) AND be at least 12, but less than 19 years of age.
• Adhere to the code of conduct and respect staff and volunteers at all times.
• Be able to function independently during programs and events AND communicate effectively with adults and other students.
• Not require The Bridge to make fundamental alterations to and/or disrupt the harmony of programs and events.
• Not undermine the safety of staff, volunteers, students, or themselves.

The Bridge reserves the right to deny service at any time based on any of the aforementioned eligibility requirements, or for any other reason, including the actions of the student, parent, or guardian. These eligibility requirements are subject to change without notice, and are permanently posted on our website for review at any time. At The Bridge Teen Center we maintain a safe and fun atmosphere for students based on the following Code of Conduct:

- Be faithful to attend the program you signed up for or contact The Bridge within 48 hours of the event if you need to cancel.
Remain in the building for the length of the program unless you have communicated with both the Bridge staff and your parent(s).
Interact and respect others—Bridge staff, volunteers and other students; listen when others talk.
Decide to be responsible for your attitude by being open and teachable.
Go with the flow, honor The Bridge's and other people's space and property. This is an illegal substance and weapon free facility.
Encourage 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.

Does the applicant have an IEP (Individualized Education Program) at school? [] Yes [] No
If Yes, please contact a staff person for a consultation before attending any programs/events.

X Student Signature Date

X Parent / Legal Guardian Signature Date

PERSONAL INFORMATION:

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

Student's Last Name: Student's First Name:
Student's Cell Phone: Student's Home Phone:
Student's Email: Gender: [] Male [] Female
Student's Date of Birth (Month/Day/Year): Grade in School: [] 7 [] 8 [] 9 [] 10 [] 11 [] 12
Student's School:
Race/Ethnicity: [] Black/African American [] White/Caucasian [] Hispanic/Latino [] Asian [] Multi-Racial [] Other:
Home Address: Student & Parent / Legal Guardian's Home Address City State Zip
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:

EMERGENCY CONTACT (Other than Parent):

In case of emergency during a Bridge Event, list who The Bridge can contact.

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.

- NO Health Conditions/Needs
- ADHD / ADD (Must be Medically Diagnosed) _____
- Asthma/Allergies Mild / Moderate / Severe (Require Epi-Pen?) _____
- 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 _____

Does the applicant have any diagnosed or undiagnosed special needs in the following areas?

Physical Yes No If yes, please explain: _____

Learning Yes No If yes, please explain: _____

Behavioral Yes No If yes, please explain: _____

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 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 duly licensed medical staff to perform 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 treatment.

X _____
Parent / Legal Guardian Signature: _____ Date: _____

PERMISSION TO TRANSPORT:

Parent/Legal Guardian needs to read and initial below.

I give permission for my child to be transported as necessary to off-site Bridge Teen Center events. X _____ Parent / Legal Guardian Initial

RELEASE AGREEMENT:

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

In consideration of participation at The Bridge Teen Center (BTC), we, the undersigned parent/legal representative/guardian and student ("Releasor Student") (the parent/legal representative/guardian and Releasor Student shall be individually and collectively referred to herein as "Releasors"), hereby agree to indemnify and hold harmless and covenant not to sue BTC or its employees, agents, successors, assigns, volunteers, officers, and directors (individually and collectively referred to herein as "Releasees") and hereby waive, release and discharge Releasees from any and all claims for loss or damage, death, personal or bodily injury, or property damage which Releasors may have or which hereinafter may accrue to Releasors against Releasees and for any liability arising out of or connected in any way with Releasors' participation with BTC. Releasors hereby agree to indemnify and hold harmless and release from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from or relating to involvement in any activity at BTC or involvement with The BTC, whether caused by any negligent act or omission of the Releasees or otherwise. It is further understood and agreed that this waiver and release has been entered into freely and will be binding upon Releasors and their heirs, successors, and assigns. Releasors expressly agree 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 document, Releasors agree to allow images of Releasor Student (video, photo, other digital media) captured during programs/events to be utilized in printed materials, media materials, or online. Releasors agree to waive any rights of compensation or ownership of these images. Releasor Student's name will not be publicized in conjunction with these images, unless an authorized representative of BTC receives verbal or written permission. **The Bridge Teen Center is not liable for images of your child (including Releasor Student) that are "tagged" or posted by other individuals on social media or other websites.**

I, as Releasor, 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, including this Release Agreement), agree to same, and understand its contents.

X _____
Student Signature _____ Date _____

X _____
Parent / Legal Guardian Signature _____ Date _____