

The Bridge Sarasota High School Registration

Student Name: _____ Grade: _____ Birthdate: _____

Parent's Name(s): _____

Address: _____ City _____ ST _____ Zip _____

Phone: _____ Email: _____

Best way to be reached: ___ Email ___ Phone I can receive text messages (Y or N) _____

Classes (Tuesday Only)	All Classes are \$200 per year (2 semesters) for each student. Additional class materials fees may be required. Full payment plus fees are due upon registration.
√ for desired class(es) _____ American History _____ Drama/Public Speaking _____ Hope and Healthy Living _____ Life Skills Semester 1: Auto Mechanics _____ Life Skills Semester 2: Cooking _____ Psychology _____ Spanish I _____ True U	_____ Total number of classes x \$200 = _____ Class fees due = _____

TOTAL DUE: _____ TOTAL PAID: _____ BALANCE: _____

8:00 AM	9:30 AM	11:00 AM	12:30 PM	1:00 PM	2:30 PM
True U	HOPE and Healthy Living	Biology w/ Lab	LUNCH	Drama	Auto Mechanics (1 st sem.)/ Cooking (2nd sem.)
	American History I		LUNCH	Spanish I	

Our purpose is to strengthen our families by reflecting Biblical standards in all of our relationships. The Enrichment Class Program provides classes that supplement and complement a family's home schooling curriculum in a faith based family-friendly environment.

****FILL OUT ONE REGISTRATION FORM FOR EACH STUDENT****

The Bridge

Student Media Consent and Release Form

Throughout the school year, students may be highlighted in efforts to promote The Bridge activities and achievements. For example, students may be featured in materials to increase public awareness of our school and/or homeschooling through newspapers, radio, TV, internet, DVDs, displays, brochures, and other types of media.

I, as the parent or guardian of _____, hereby give The Bridge and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media.

a. This is with the understanding that neither The Bridge nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.

b. I further release and relieve The Bridge Sarasota, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Name of child _____ Grade _____

Address _____

City, State, Zip _____

Signature of parent or guardian _____

Date _____ Phone Number _____

2017-2018 THE BRIDGE Medical History & Liability Release Form

This Medical Release covers all events and sponsored field trip of The Bridge for the 2017-2018 school year.

Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ Grade for School Year 2017-2018 _____

City _____ State _____ Zip _____ Home Phone _____

Parents Names _____

Work Phone (Dad) _____ (Mom) _____

E-Mail (Dad) _____ (Mom) _____

Family Physician _____ Phone Number _____

Family Insurance Company _____ Policy Number _____

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians. **You MUST complete this information.**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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Past Medical History

(Check giving appropriate information)

Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes
Dizziness Stomach Upset Hay Fever Allergies Asthma

Allergies: Food _____

(list type) Drugs _____

Insect Stings/Bites _____

Immunizations Tetanus Polio Booster Measles Mumps (Check if Current)

Previous operations or serious illnesses _____

Any current medications (list) _____

Special Diet _____

Any other special instructions regarding child: _____

• • • • • • • • • •

Permission and Release

My permission is granted for The Bridge staff members or the designated/approved Bridge Volunteers to obtain necessary medical attention in case of sickness or injury to my child, _____.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge The Bridge and its staff/representatives, from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage of injury while employed by or participating in any The Bridge event.

I further grant permission for my child to accompany The Bridge a on approved field trips of The Bridge and to ride in approved vehicles with The Bridge approved drivers.

The rights, powers, and authority of said representatives to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on the date listed below, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me in writing.

I have supplied, understood, and agree to all the information contained on this Medical Release Form.

Parent/Guardian Signature _____ Date _____

STATE OF FLORIDA COUNTY OF _____

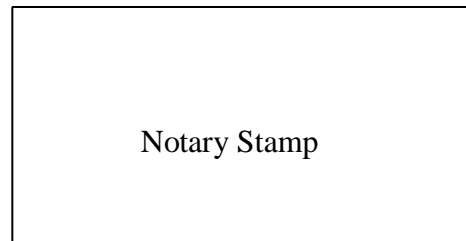
The foregoing instrument was acknowledged before me this _____ day of _____, _____.

By _____

Notary Signature _____

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____



Notary Stamp

Faith Bible Church

1511 57th St. E, Bradenton, FL 34208 Tel. 941-677-5075

In the event of an emergency where medical treatment is required, I give permission for the leaders and/or church staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. I agree that the below information is accurate and up to date, and will notify the church immediately if any information changes. In the unlikely event of injury/death I agree to hold harmless Faith Bible Church, employees, volunteers, and staff thereof.

Signed: _____ Date _____

STATE OF FLORIDA

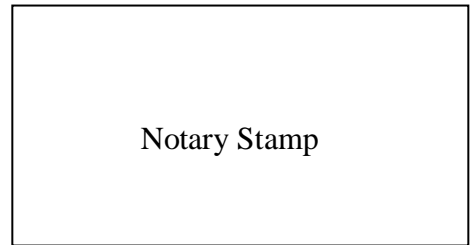
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____ . By _____ .

Notary Signature _____

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____



Notary Stamp