

2017-2018

Name of Student _____

1. Does your child have any FOOD allergies? _____
If yes, please list below and include any specific directions we may need.

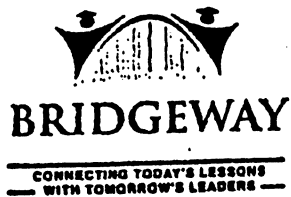
2. Are there any other allergies (inside or outside) we need to be aware of? _____
If yes, please list below.

3. Are there any special health conditions we need to be aware of? _____
If yes, please list below.

4. Are there any "special needs" developmentally that we need to be aware of? _____
_____ If yes, please list or describe them below.

Please list the names and phone numbers of any person(s) that your child may be released to:

- 1.** _____
- 2.** _____
- 3.** _____
- 4.** _____



2016-2017 Waiver

HEATH HISTORY

The health history form is complete and accurate. My child has permission to engage in all activities unless otherwise specified in writing. I understand the Bridgeway Academy assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in programs, field trips, the use of any equipment, exercises or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in any Bridgeway Academy program or activity. I acknowledge that my child has been medically cleared to attend school.

I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless Bridgeway Academy, LLC, its staff and volunteers for accidents or injuries arising out of his/her participation in any program and/or activity.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Bridgeway Academy to secure and administer treatment including but not limited to, hospitalization of my child. I understand that no accident or medical insurance is provided for students attending Bridgeway Academy.

PHOTO RELEASE

I give Bridgeway Academy, LLC, permission, without limitation or obligation, to use photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Bridgeway Academy's programs and release Bridgeway Academy, LLC, from any claim of liability to that use.

PAYMENT AUTHORIZATION

I understand Bridgeway Academy will not accept checks. Bridgeway Academy will accept debit cards, credit cards, cash or automatic bank draft.

I accept sole responsibility for notifying Bridgeway Academy if my address, phone number or banking information changes.

RETURNED PAYMENTS

All returned payments will be assessed a fee.

ACCEPTANCE/RELEASE

I (we) acknowledge the conditions as stated, for myself and on behalf of any minors listed, I (we) hereby release Bridgeway Academy, LLC, its agents, volunteers and employees from any and all claims for injury, illness, death, loss or damage that are not directly resulting from Bridgeway Academy's negligence which may result from participation in school programs and/or activities.

CODE OF CONDUCT

Bridgeway Academy reserves the right to withdraw a student when a person's behavior or language is in conflict with the welfare of other students, parents, staff, or in conflict with the Bridgeway Academy values.

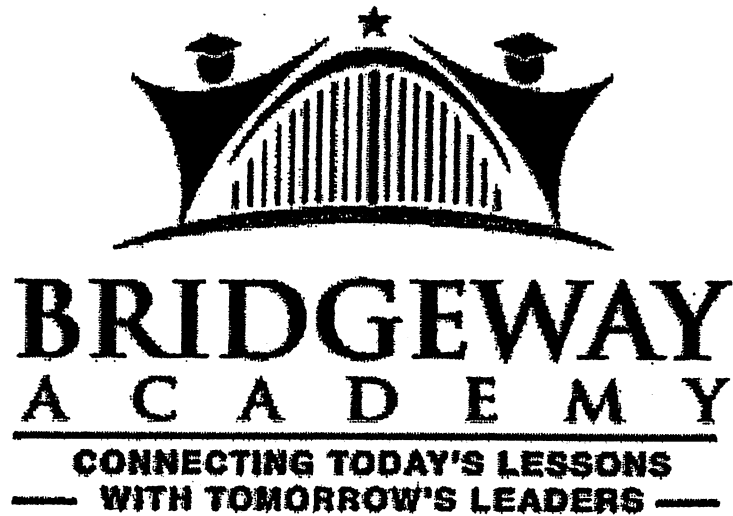
Parent or Guardian

Date

Witness

Date

www.thebridgewayacademy.com



Parent/Guardian Signature Page

As a condition of your student's enrollment at Bridgeway Academy, the parent and student are committed to adhere to the rules, policies, and procedures of the school, as stated in the School Handbook. I have read and understand the contents of this handbook. I have explained the areas of information which is appropriate for my student. Please also familiarize your student with the sections that pertain to students. The school reserves the right to modify or amend this handbook at any time.

I hereby acknowledge that I have read the School Handbook and agree to the commitment set forth above.

Parent/ Guardian Name (Printed & Signature)

Student Name (Printed) _____

Date Signed _____