



## Student Registration Card

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
(month/day/year)

Email Address: \_\_\_\_\_

Emergency Contact – Name/Phone : \_\_\_\_\_

*The Bridge center may use photos/video and other forms of media taken at the center, as promotional materials for advertising their web site, brochures, and other forms of advertising. I hereby, consent and give permission to the staff of The Bridge and FCC the right to use any materials containing my image for this purpose.*

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_



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