



3389 Fulton Rd • Cleveland, Ohio 44109 • TEL (216) 965-8426 • amy@thebridgeavenueschool.com

Shadowing Day Information

Date: _____

Student Legal Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Birth date: ____/____/____ Age: _____

Male/Female (circle one)

Parent Name(s): _____

Parent(s) Cell Phone Number(s): _____

Parent(s) email address(s): _____

Release of Liabilities

I am the parent, one of the parents, or guardian with whom the above child/ward resides and have legal custody. I assume all risks associated with participation in activities at The Bridge Avenue School. I, or myself and anyone entitled to act on my behalf, waive and release The Bridge Avenue School, representatives and successors from all claims or liabilities of any kind arising out of my child/ward's participation in this school including TRANSPORTATION to and from the school and activities off school grounds.

Student Signature _____ Date _____

Parent Signature _____ Date _____

The Bridge Avenue School recruits and admits students of any race, color, or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.