



BRIDGE BUILDERS UNITED, INC.

Registration Packet

Dear Parents/Guardians and Future Bridge Builders:

Bridge Builders United is now accepting applications for membership. “BBU” Bridge Builders United is an organization dedicated to helping **Jacksonville and surrounding areas** young men/women from Kindergarten to College to grow and develop their leadership talents in every phase of development. The organization models a framework of turning good young men and women into great young men and women whereas active leaders, athletes, scholars, and achievers in the community are sought out. BBU uses a whole group and one on one mentoring model.

Through club-oriented activities, workshops, college tours, social/emotional skills training, and child advocacy support BRIDGE BUILDERS UNITED, INC. perform projects that will expose young men and women to planning, reporting ideas, and simulating good leadership characteristics designed to raise their aspiration levels. All activities and programs are modeled around the following pillars of development:

- **Manhood/Womanhood**
- **Academics**
- **Leadership**
- **Excellence**

Several benefits that come from your affiliation with Bridge Builders United include:

- Numerous hours of community service (essential for college consideration).
- Resources to receive College Grants and Scholarship (merit and need based).
- Child advocacy support and partnerships with the local and national professional organizations and businessmen from all over the world.
- ACT/SAT/College Application waivers and tutoring opportunities.
- Local and National networking opportunities
- Possible Summer Internships – Learn to Earn Projects
- Outdoor Experiences such as Fishing, Hunting, Wilderness Camp and Youth Retreats
- Earning the title of being a Bridge Builder in the Jacksonville and surrounding communities.
- College and Career Tours
- Job-Shadowing

There is a \$125 Annual Membership fee, which will cover in portion BBU Gear, Fieldtrips, Workshop Supplies, etc.

Make Payments and Donations via check, cash, credit card or money order.

Please make checks payable to **Bridge Builders United, Inc.**

Payments/Donations can be sent via CASH AP to **\$bbujaxinc** and PayPal at **Bridge Builders United.**

Payments can also be mailed to our office address:

**9390 Lem Turner Road Suite #2
Jacksonville, Florida 32208**

Should you have any questions regarding the program, please feel free to contact Dr. Jerome Mosley (904) 990-7966, Andrew George (904) 673-0684

Please visit our website at www.bbujax.org

bridgebuildersunited@gmail.com

Bridge Builders United Team



BRIDGE BUILDERS UNITED, INC.

Please complete all information requested. Print (blue/black ink) or Type.

Name: _____ Date _____

Home Address _____
Street City State Zip Code

Home Phone: _____ Birthday _____ Age _____ Sex _____

Current School _____ Grade: _____

Grade Point Average (un-weighted): _____ (Please provide a copy of your Report Card or most current set of grades)

Referred By: _____

Parents / Guardian: _____

Emergency Contact: _____ Emergency Phone #: _____

Church Affiliation: _____

Medical History: _____

Exceptionality: _____

Organizations that you have participated in:

- 1.
- 2.
- 3.
- 4.
- 5.

Parents Signature: _____ Your Signature: _____



BRIDGE BUILDERS UNITED, INC.

Parental Release Form

Primary Guardian: _____

Phone number: _____

Email address: _____

Note: communication regarding Bridge Builders United events will normally be done by email, text, social media, and website. Please list an email that you check on a regular basis.

"I hereby grant permission for my child _____ to participate in the Bridge Builders United, Inc. organization and to participate in activities arranged by the BRIDGE BUILDERS UNITED, INC. Committee and Advisors in this regard from time to time. This will serve to release Bridge Builders United, Inc. and all its affiliates from liability in case of an accident or injury resulting from all causes in connection with such membership including outings, field trips or other activities which necessitate travel in and away from Jacksonville, Florida.

"In granting this permission and release, I specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors over Bridge Builders United, Inc. in an insured vehicle. I specifically release and will hold harmless Bridge Builders United, Inc. their officers, members, etc. all liability which may arise as a result of such transportation.

Signature of Participant _____ Date _____

Signature of Parent / Guardian _____ Date _____

Participation of parents is essential for us to have a successful year. Parents/Guardian will be required to attend Parent Workshops and Support groups. Please sign below if you agree to volunteer and participate in Parent Workshops and Support Groups.

Signature of Parent / Guardian Date

Please be sure to return all forms:

- Youth Group Application Form
- Prospective Member Personal Statement
- Parental Release Form
- Health Release Form
- Code of Conduct Form
- Contact and Information Release Form

Health Information Form



BRIDGE BUILDERS UNITED, INC.

Participant's Name: _____ Birth Date: _____

Doctor's Name _____ Preferred Hospital: _____

Health Insurance: _____ Policy or Plan # _____

Participant's Medical # (if applicable) _____

Name of emergency contact: _____ Relationship _____

Does this participant have any physical or emotional conditions of which the BRIDGE BUILDERS UNITED, INC. advisors should be aware?

Restrictions on activities: _____

Regularly prescribed medications: _____

Date of most recent tetanus booster? _____

Allergies to drugs? _____

Allergies to food or special diet? _____

Allergies, other? _____

Parent's Authorization:

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of the BRIDGE BUILDERS UNITED, INC. Youth Group to take whatever steps they deem necessary to ensure the well-being of your child should a medical emergency occur during a youth group meeting/activity/outing/workshop.

Every attempt will be made to contact the parent or emergency contact provided.

I, _____ do hereby authorize Bridge Builder United, Inc. to take necessary emergency measures in the treatment of my son/daughter _____ if needed. My son/daughter is in good physical health and does not have any disabilities which may be aggravated except as noted on this form. I release BRIDGE BUILDERS UNITED, INC., Inc., and its members from all responsibilities other than supervised, scheduled activities. If I cannot be reached in an emergency, I hereby the authorize the physician selected by BRIDGE BUILDERS UNITED, INC., Inc. to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

Signature of Parent / Guardian _____ Date _____

"A Physical from a licensed/ certified Physician is required to participate in any Physical Activities including the Wilderness Camp and Youth Retreat"

Code of Conduct Form:

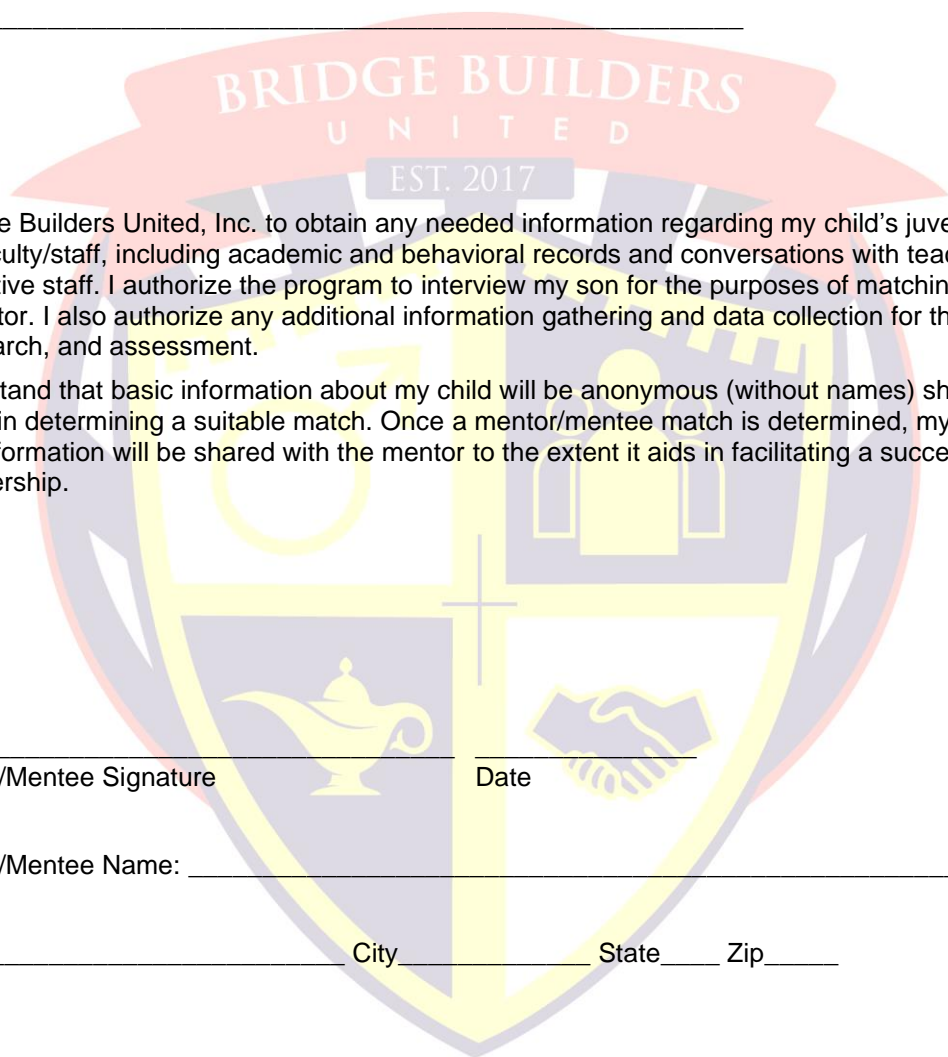


BRIDGE BUILDERS UNITED, INC.

Note: Form to be completed by the parent/guardian or mentee if the mentee is over 18 years of age.

Bridge Builder United, Inc. Participant: _____ Date: _____

School: _____



I authorize Bridge Builders United, Inc. to obtain any needed information regarding my child's juvenile records and from their school's faculty/staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff. I authorize the program to interview my son for the purposes of matching them with an appropriate mentor. I also authorize any additional information gathering and data collection for the purposes of program evaluation, research, and assessment.

Further, I understand that basic information about my child will be anonymous (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match and mentoring partnership.

Parent/Guardian/Mentee Signature _____

Date _____

Parent/Guardian/Mentee Name: _____

Address _____ City _____ State _____ Zip _____

(As a mentee of Bridge Builders United, Inc. please feel free to add our names to your child's Blue Card or School Information Card)

Youth Interest Survey



BRIDGE BUILDERS UNITED, INC.

Directions: This survey will help Bridge Builders United; Inc. mentoring program learn more about you and your interests and help us find a good match for you. Be sure to complete the entire survey.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___

Other: ___ Weekends: ___

What careers are you interested in?

What is one goal you have set for the future?

EST. 2017

If you could learn something new, what would it be?

Do you speak any languages other than English? If so, which languages?

If you had a whole day to do whatever you wanted, what would you do?

Circle ALL the words that best describe you:

Quiet	Talkative	Shy	Friendly	Funny	Serious
Adventurous	Helpful	Moody	Happy	Sad	Active
Lonely	Outgoing	Popular	Cautious	Loud	Hopeful

What is your favorite...

Music group? _____

Food? _____

Famous person? _____

Movie? _____

Book or story? _____

Video or computer game? _____

School subject? _____

Place to hang out. _____

Physical activity? _____

Time of year? _____



BRIDGE BUILDERS UNITED, INC.

List two things you hate to do:

1. _____
2. _____

List at least two things you feel like you do well:

1. _____
2. _____

What qualities do you value in an adult?

Are there any other issues of importance to you that you would like to share with your mentor?

Why are you interested in participating in this program?

What do you hope to get out of your mentoring relationship?

Your Direct Contact Information if separate from parent:

Cell Phone: _____

Email Address: _____

Facebook: _____

Twitter: _____

Instagram: _____

**REQUIRED FOR EVERYONE ON-SITE
COVID-19 WAIVER OF LIABILITY, ASSUMPTION OF RISK AND**



BRIDGE BUILDERS UNITED, INC.

INDEMNITY

Agencies: Bridge Builders United, Inc., BBU, Camp ROYAL, OMG 1098, LLC.

Location: 9390 Lem Turner Rd, 561 Southwest Glen Ridge Trail, other field trip locations and events

In consideration for being permitted to participate in Bridge Builders United, Inc. (BBU) and OMG 1098, LLC. Volunteering, Camping, and other programming events, I on behalf of myself and all persons and entities claiming by, through or under me hereby acknowledge, agree, and represent that I have inspected and carefully considered the on-site location, equipment, activities, and sanitation procedures; and I find and accept the same as being safe and reasonably suited for my use and/or participation volunteering for any event location. I acknowledge that the Coronavirus, COVID-19 is a global pandemic and infections have occurred throughout the United States and Florida. The virus transmission mode is unknown. I understand that BBU, OMG 1098, LLC. or hired vendors cannot guarantee my safety or immunity from infection. I knowingly and voluntarily assume all risks associated directly or indirectly with participating in any activity at BBU, OMG 1098, LLC. , traveling to/from BBU/OMG 1098, LLC. activities, entering, and exiting the premises and interacting with others during activities. With this understanding, I knowingly and voluntarily waive and release BBU, OMG 1098, LLC. , and their respective directors, officers, employees, volunteers, vendors, and agents from all present and future claims of any type, including for any harm or loss, economic loss, personal injury, disease, death, and property damage suffered by me. I agree to indemnify and hold harmless and covenant not to sue for any personal injury death, medical expenses, disability, loss of capacity, property damage court costs attorney fees and/or other loss, including arising out of or related, whether directly or indirectly, to any Voluntary Activity.

PERSONAL HEALTH ATTESTATION ' IMPORTANT: **1.** I am not experiencing any symptoms of illness. I do not have a fever or cough and am not experiencing shortness of breath. If I develop any of these symptoms, or if I have a suspected or diagnosed case of COVID19, I agree that I will not attend or participate in any activity, event or class at BBU/OMG 1098, LLC. , or otherwise enter or be physically present at BBU/OMG 1098, LLC. . **2.** I agree to follow all safety protocols that have been or will be implemented by BBU/OMG 1098, LLC. , including those that are posted at BBU/OMG 1098, LLC. and those that are sent to me electronically including by text message, SMS and/or email – as well as any posted on BBU/OMG 1098, LLC. website. I acknowledge that BBU/OMG 1098, LLC. may change these protocols at any time and I agree to abide by all such changes. **3.** I do not believe that I have been exposed to a person with a confirmed or suspected case of COVID-19. **4.** I have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities. **5.** I am and will continue to follow recommended guidelines established by CDC and BBU/OMG 1098, LLC. as much as possible, including social distancing where possible during volunteer activities/events. I will not return to BBU/OMG 1098, LLC. program/event within 14 days after (1) returning from a highly impacted area subject to a CDC Level 3 Travel Health Notice, (2) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (3) exposure to any person who has a suspected or confirmed case of COVID-19. I agree to regularly check the CDC Travel Health Notices including those listed on the CDC site(s). **6.** I agree to notify BBU/OMG 1098, LLC. staff immediately if I believe that I am experiencing any symptoms of COVID-19 and/or if I have a suspected or diagnosed case of COVID-19; and to pick up my student/child if he/she is sick.

Student/Participant Name: _____

Parent/Guardian Name (students under 18): _____

Parent/Guardian Signature (students under 18): _____ **Date:** _____

Summer Camp Accident Waiver and Release of Liability Form



I hereby give my permission for my child _____ to participate in the OMG 10-98 and Bridge Builder United Camp Program.

I understand that camp activities could include play and outdoor activities around and near the camp area secured by OMG 10-98 and Bridge Builder United, hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that my child may travel by school bus and/or metro to local sites and be walking along downtown streets and in public and private museums and historical sites. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for camp activities, and to provide insect repellent and sunscreen for my child to use at camp. I will not expect the OMG 10-98 and Bridge Builder United to provide these items. I give my permission for OMG 10-98 and Bridge Builder United camp leaders to apply or assist with the application of the repellent and sunscreen I provide.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any OMG10-98 and Bridge Builder United employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses not covered by OMG 10-98 and Bridge Builder United's student accident policy incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that the OMG10-98 and Bridge Builder United may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that the OMG 10-98 and Bridge Builder United is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of OMG 10-98 and Bridge Builder United camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the OMG10-98 and Bridge Builder United, its trustees, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;



BRIDGE BUILDERS UNITED, INC.

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the OMG 10-98 and Bridge Builder United, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. The OMG 10-98 and Bridge Builder United, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly) Age

Parent/Guardian Printed Name (Please print legibly) Parent/Guardian's Signature Date
(If under 18 years old, Parent or Guardian must also sign)

Witness

Date

OMG 10-98.

Camp Royal

PO Box 12142

Jacksonville, FL 32209

Phone: 904-673-0784

Email: omg1098.lead@gmail.com

Waiver of Liability/Permission



BRIDGE BUILDERS UNITED, INC.

This agreement releases OMG 10-19 and Bridge Builders United from all liability relating to injuries that may occur on location, transportation, and any activities by the OMG 10-98 and Bridge Builders United. The agreement also released OMG 10-19 and Bridge Builders United from all liability relating to any possible contraction of diseases such as, but not limited to, COVID-19, cold, or flu. By signing this agreement, I agree to hold these entities, their staff, and property entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in these activities. These risks include, but are not limited, to physical activities, transportation, and any other activities that they may be involved with. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all right to bring a suit against OMG 10-98, Bridge Builders United, their staff, and any other volunteers for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, fully understand and agree to the above terms.

_____	_____
Parent Printed Name	Date
_____	_____
Parent Signature	Date
_____	_____
Child Printed Name	Date
_____	_____
Child Signature	Date

OMG 10-98.

Camp Royal

PO Box 12142

Jacksonville, FL 32209

Phone: 904-673-0784

Email: omg1098.lead@gmail.com