



BRIDGE BUILDING PROGRAM  
PLAYER MANUAL and PARENT GUIDE

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## **The Bridge Building Program**

**(Not for Profit Corporation)**

### **ARTICLE ONE – MISSION STATEMENT**

The Bridge Building Program's goal is to develop academic and athletic excellence through mentoring while providing students with leadership skills characteristic of becoming outstanding and productive citizens within the community.

#### **OUR FORMULA IS SIMPLE**

Hard Work + Great Fundamentals + Good Character = GREAT ATHLETES

In accordance with Internal Revenue Code Section 501(c)(3), The Bridge Building Program is recognized as a non-profit organization as described in Section 509(a)(2). Donors may deduct contributions to The Bridge Building Program as provided in Section 170 of the Code. The Bridge Building Program's taxpayer identification number is

### **ARTICLE TWO – OUR COMMITMENT**

The Bridge Building Program coaches will abide by the following rules:

1. We will treat you with respect at all times.
2. We will be honest, truthful, and up-front about your basketball skills and development.
3. We will give you the best coaching and instruction to improve your basketball skills.
4. We believe that your perception of our performance is always the reality. For that reason, and others, your feedback is essential to our continuing a successful program.

### **ARTICLE THREE – ABOUT US**

Michael Steward, who serves as the founder and director of the program, developed the Bridge Building basketball program. Michael's basketball philosophy has developed from many years as a successful player, coach, and trainer. Michael and several coaches bring many years of basketball experience to the program. The Bridge Building Program is operated through the Salvation Army of Daytona Beach , FL.

Workout sessions offer individual training within a group setting. Within these groups the coaches motivate and challenge athletes to accomplish their goals. Workout sessions are an hour long and consist of drills emphasizing ball handling, footwork, shooting including game-like shooting, one-on-one moves, learning how to create shots for you and your teammates and offensive and defensive techniques. The goal of the workout is to start with the fundamental basics and implement them into game play, situational playing and understanding the game of basketball.

## **ARTICLE FOUR – PHILOSOPHY**

The Bridge Building Program is dedicated to providing athletes with the opportunity to work hard with disciplined instruction. We focus on basic fundamental drills and progress into high intensity game-like drills. We strive to prepare our athletes for the next level of competition. The Bridge Building Program is dedicated to training the committed athlete so that they are achieving their highest level of skill possible. This takes great discipline and consistency from the athlete. The Bridge Building Program provides a place for athletes to receive complete basketball instruction.

## **ARTICLE FIVE – PROGRAM STAFF**

Michael Steward  
The Bridge Building Program Founder and Director  
Strength and Conditioning Coach  
Basketball Coach  
E-mail: [m.steward.jr@gmail.com](mailto:m.steward.jr@gmail.com)

David Howard  
The Bridge Building Program Founder and Director  
Basketball Coach  
Email: [andhow5@bellsouth.net](mailto:andhow5@bellsouth.net)

## **ARTICLE SIX – PROGRAM RULES**

As a member of The Bridge Building Program Basketball, I will abide by the following rules:

1. I will treat the coaching staff respectfully at all times.
2. I will treat my teammates and other members with respect at all times.
3. I will be respectful in public and display good character as a member of The Bridge Building Program.
4. I will actively participate in all workout sessions to the best of my ability.
5. I will show up to workouts and/or practices at the scheduled times.
6. I will wear my prescribed The Bridge Building Program jersey to all games.  
If I fail to wear my jersey, I know it will result in a consequence.
7. I will listen to the advice, training, and drills suggested to improve my basketball skills.

## **ARTICLE SEVEN – EXPECTATIONS**

The Bridge Building Program basketball players and coaches strive to be disciplined and work hard during workouts, practices and games. Players need to be ready to give their best effort every time on the court. They need to be on time and be ready to play when scheduled.

## **ARTICLE EIGHT – PARENTAL GUIDELINES**

The Bridge Building basketball program strives to promote a positive environment for the players. We want our players to develop positive character traits including sportsmanship, cooperation and self discipline. We believe that parents are a reflection of the program. We want the program to be respected by the opposing players, coaches and parents, as well as referees and anyone else that comes into contact with our program. With this in mind, we ask the parents to abide by the following guidelines:

Refrain from talking to your son or daughter once practice, workout session or game has started. We want their full attention and focus for the duration of the activity.

Never speak in a negative way about opposing teams, coaches, parents or referees.

Discuss with The Bridge Building Program staff any questions or concerns at appropriate times.

We will not tolerate any negative words or actions by a player or player’s parents.

We will ask a player to leave the program due to inappropriate actions committed by his/her parents or an inappropriate action committed by the player himself/herself.

The Bridge Building Program reserves the right to refuse service to anyone. However, we will not discriminate on the basis of race, gender, or religion.

All student athletes are to maintain a GPA higher than 2.5.

## **ARTICLE NINE – MEDICAL INFORMATION**

Player’s Name: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Doctor’s Name: \_\_\_\_\_

Doctor’s Phone: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

In case of accident or illness, I hereby give permission that my child may be given emergency treatment.

In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operation and treatment or all other related care that may be ordered by the physician and or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports

to any doctor, dentist, or agency and consent to the admission of the above named minor person to the hospital.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### ARTICLE TEN – MEDICAL HISTORY FORM

Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please answer all of the following questions. Please circle either YES or NO for each question and then explain every “YES” answer in the space provided: THANK YOU

- Have you ever passed out during or after exercise? YES NO  
\_\_\_\_\_
- Have you ever been dizzy or lightheaded during or after exercise? YES NO  
\_\_\_\_\_
- Have you ever had chest pain during or after exercise? YES NO  
\_\_\_\_\_
- Have you ever had shortness of breath during or after exercise? YES NO  
\_\_\_\_\_
- Do you tire more quickly than your friends during exercise? YES NO  
\_\_\_\_\_
- Have you ever had high or low blood pressure? YES NO  
\_\_\_\_\_
- Have you ever been told that you have a heart murmur? YES NO  
\_\_\_\_\_
- Have you ever had a racing heart or skipped heartbeats? YES NO  
\_\_\_\_\_
- Has anyone in your family died of heart problems or a sudden death before age 30? YES NO  
\_\_\_\_\_
- Have you ever had a head injury? YES NO  
\_\_\_\_\_

- Have you ever been “knocked out” or suffered a concussion? YES NO

\_\_\_\_\_

If YES , how many have you had? \_\_\_\_\_ List dates of incidents:

\_\_\_\_\_

- Do you have recurring headaches or migraines? YES NO

- Have you ever had a stinger, burner or pinched nerve? YES NO

\_\_\_\_\_

If YES , how many have you had? \_\_\_\_\_ List dates of incidents:

\_\_\_\_\_

- Have you ever had heat or muscle cramps? YES NO

- Have you ever been dizzy or passed out in the heat? YES NO

- Have you ever suffered a heat-related illness? YES NO

- Have you received intravenous fluids for a heat-related problem? YES NO

- Have you ever been diagnosed with asthma and/or exercised induced asthma? YES NO

\_\_\_\_\_

If YES, list the medication(s) that you take:

\_\_\_\_\_

- Do you have trouble breathing or do you cough during or after activity? YES NO

- Have you ever had any of the following? Please circle the appropriate condition:

Diabetes	Epilepsy	Sickle Cell Anemia	Marfan’s Syndrome
Hepatitis	Jaundice	Mononucleosis	Tuberculosis
Anemia	Leukemia	Bleeding Disorders	Ulcers
Colitis	Mumps	Stomach Problems	Measles
Rubella	Hernia	Kidney or Bladder Problems	Depression
Mental Illness	Insomnia	Drug or Alcohol Addiction	

- Do you have a loss or impaired function of any paired organ such as eyes, ears, lungs, kidneys, testicles, or ovaries? YES NO  
\_\_\_\_\_
- Do you wear glasses? YES NO  
\_\_\_\_\_
- Do you wear contact lens? YES NO  
\_\_\_\_\_
- Do you use protective eye wear? YES NO  
\_\_\_\_\_
- Do you wear any dental appliance (braces, retainer)? YES NO  
\_\_\_\_\_
- Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc)? YES NO  
\_\_\_\_\_
- Do you have any skin problems (itching, rashes or acne)? YES NO  
\_\_\_\_\_

Have you ever injured (sprained, strained, dislocated, fractured, or had repeated swelling) any of the following:

EXPLANATION

- Head/Face YES NO \_\_\_\_\_
- Neck YES NO \_\_\_\_\_
- Chest YES NO \_\_\_\_\_
- Shoulder YES NO \_\_\_\_\_
- Elbow YES NO \_\_\_\_\_
- Wrist/Hand YES NO \_\_\_\_\_
- Thumb/Fingers YES NO \_\_\_\_\_
- Back YES NO \_\_\_\_\_
- Hip/Thigh YES NO \_\_\_\_\_
- Knee YES NO \_\_\_\_\_
- Lower Leg YES NO \_\_\_\_\_
- Ankle YES NO \_\_\_\_\_
- Foot/Toes YES NO \_\_\_\_\_

Name any recent injuries or illnesses within the last 18 months which resulted in surgery or hospitalization:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name any recent injuries or illnesses within the last 18 months which resulted in lost practice or playing time:

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Are you currently taking ANY MEDICATION on a daily basis? YES NO

If, YES, please list the medication and the conditions you are taking it for:

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Are you allergic to anything? (medications, food, environmental, insect bite, sting, and etc.) YES NO

If, YES, please list everything you are allergic to:

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THE FOLLOWING CONDITIONS REQUIRE **A LETTER FROM YOUR ATTENDING PHYSICIAN** CLEARING YOU FROM THE INJURY OR DISORDER BEFORE YOU ARE ALLOWED TO PARTICIPATE:

- Heart murmurs and heart abnormalities
- Any bone and/or joint surgeries
- Any medical illness or disease which limits physical participation

Any medical information withheld, incomplete, or incorrect relieves the Bridge Building Program and the Salvation Army from all medical and legal liability and may disqualify you from participation on any Bridge Building Program athletic teams. I understand the above statement and the preceding questions have been answered completely and truthfully to the best of my knowledge.

Student-Athlete's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(MUST BE SIGNED BY A PARENT OR GUARDIAN FOR ALL STUDENT-ATHLETES)

