

New United Missionary Baptist Church
Fall 2026
College Tour

November 14, 2026

Open to All High School Grades

Departure: Saturday, November 14, 2026 @ 7am

Cost: \$125



Alabama A&M University

**APPLICATIONS CAN BE DOWNLOAD FROM OUR WEBSITE:
WWW.NEWUNITED.ORG UNDER THE FALL COLLEGE TOUR
TAB**

**You can now CashApp Payments for the College
Tour to: \$NewUnitedCollegeTour**

**Please make sure to fill out the FOR BOX with the
Student's Name, Grade and School**

All Money Due Saturday, November 7, 2026

Mandatory Meeting

Saturday, November 7, 2026 @ 12N

Contact the Church Office @ 423-629-2875



Cost Includes:

**Transportation, Alabama A&M Campus Tour, Lunch, and Tickets to the
Alabama A&M University vs Texas Southern Tigers Football Game**

New United Missionary Baptist Church – 2026 Fall College Tour

APPLICATION

Part I – STUDENT INFORMATION

NAME:			GENDER	
Last	First	Middle	M	F
Street Address:				
City/State/Zip Code				
Email Address: _____			Cell # _____	
Current School: _____			Grade Level _____	
List School, Community, Church activities you are involved in: _____				

PARENT INFORMATION				
Parent/Guardian: _____				
Home # _____		Cell# _____	Work# _____	
Email Address _____				

Part II – STUDENT AGREEMENT and PARENTAL CONSENT

I HEREBY CERTIFY that all statements made herein, and on any attachments, are true and correct to the best of my knowledge. Submission of false information may result in non-acceptance on the College Tour. As a condition of my participation in the College Tour, I agree to abide by the rules of conduct and the guidance/directions of the Tour Coordinators/Counselors. **I understand that serious acts of misbehavior on my part may result in my immediate dismissal from the Tour and return home at the expense of my parents/guardians.**

Student's Name (Print)

Student's Signature

Date

I have read the conditions. My signature below and the enclosed payment indicate that my child has my permission to participate in the College Tour. I understand that **photographs** of my child will be taken during the Tour and may be included in publications of New United Missionary Baptist. I agree to the scheduled payments for this tour by bank check or money order. No personal checks, cash or credit cards accepted. I understand that the **no monies are refundable 14 days prior to the Tour**; however, they are transferable to another student.

Parent's Name (Print)

Parent's Signature

Date

New United Missionary Baptist Church
College Tour Permission & Medical Form
November 14, 2026

Permission

_____ (student name) has my permission to travel by bus to Alabama A&M for the 2026 Fall College Tour
November 14, 2026

Release

I hereby release New United Missionary Baptist Church, its staff, and volunteers from all responsibility for any injuries and/or illness to the child named above during the College tour November 14, 2026, and agree to indemnify, defend, and hold the individual staff and New United Missionary Baptist Church harmless from all claims made by the child named above arising out of injuries, illness and/or death during this trip.

Parent/Guardian Signature

Date

Guardian Consent for Medical Treatment

I, _____, legal guardian of _____, authorize
(Parent/Guardian name) (name of child)

New United Missionary Baptist Church, its staff, and volunteers to grant consent for medical treatment for this child in the case of an emergency during the College Tour, November 14, 2026, I give permission to New United Missionary Baptist Church, its staff, and volunteers to share information relevant to my child's health condition with appropriate personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's physician/counselor for the purpose of referral, diagnosis, and treatment. I assume all financial responsibility for medical costs arising from emergency medical care over and above costs covered by the personal insurance benefits provided by me for the child named above.

I give my permission for New United Missionary Baptist Church, its staff, and volunteers to administer Acetaminophen/Ibuprofen to my child.
_____yes _____no

Parent/Guardian signature

Date

Emergency Contact Information

Parent/Guardian Name _____

Home Phone _____ Parent Cell Phone _____

Address _____ City _____ Zip _____

Employer (mother) _____ Work Phone _____

Employer (father) _____ Work Phone _____

Name of other emergency contact (relative, family friend) _____

Phone (home) _____ Phone (work) _____

Please Check All That Apply:

Heart Condition _____ Diabetes _____ Asthma _____ SeizureDisorder _____ ADD/ADHD _____ Migraines _____ Depression _____ Other _____

Medications/Other _____

Allergies (food, insects' medication, environment, (specify) _____

Does your child have an EpiPen? Yes _____ No _____ Last tetanus shot (date) _____

Hearing Problems (specify) right ear _____ left ear _____ Vision Problems (specify) _____

Emergency and Hospitalization Insurance (PLEASE COMPLETE FULLY)

Insurance Company _____ Policy # _____

Name of Primary Person Insured _____ Pre-admission telephone # _____

Name of Primary Physician _____ Primary Physician telephone # _____