

Tuskegee University

You can now CashApp payments to the College Tour to: \$NewUnitedCollegeTour

Please make sure to fill out the for box with the student name, school,

and grade

Cost: \$300

- \$100 due on or by January 26, 2024
- \$100 due on or by February 16, 2024
- \$100 due on by March 1, 2024

Mandatory Meeting, Saturday, March 1st @ 12N (a) New United

We will also attend a Memphis Grizzlies Basketball game and Tour the African American Music Museum

APPLICATION MUST HAVE A GPA OF 2.3 OR HIGHER

NAME:	GENDER			
Last	First	Middle	М	F
Street Address:				
City/State/Zip Code				
Email Address:		Ce	11 #	
		Grade Level		
Current School:		Grade	Level	
		Grade		
List School, Community	, Church activities you are			
List School, Community	, Church activities you are	involved in:		
List School, Community	, Church activities you are	involved in:		
List School, Community	, Church activities you are	involved in:		
List School, Community	, Church activities you are	involved in:		
List School, Community PARENT INFORMAT Parent/Guardian:	, Church activities you are	involved in:		
List School, Community PARENT INFORMAT Parent/Guardian: Home #	, Church activities you are s	involved in:	ork#	

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)

Devisit STUDENT INFORMATION

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 <u>photographs</u> 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

College Tour Permission & Medical Form March 11, 2024

Permission

(student name) has my permission to travel by bus to Tuskegee University for the 2024 Fall College

Tour March 11, 2024

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 March 11, 2024, 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

١,

, 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, March 11, 2024, 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 ConditionDiabetesAsthma Medications/Other)MigrainesDepre	ssionOther
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 (P	LEASE COMPLETE FULLY)		
Insurance Company	Policy #		
Name of Primary Person Insured	Pre-admission teleph	ione #	