

THE HBCU 2024 **COLLEGE TOUR**

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CONSENT FORM

STUDENT NAME:

SCHOOL: _____

DESTINATION: Baltimore, MD, Washington DC, Virginia, North Carolina, Atlanta, Georgia.

DEPARTURE DATE/TIME: Sunday April 21st 4:00pm

DEPARTURE SITE: TBA

RETURN DATE/TIME: Saturday, April 27th 11:00am

RETURN SITE: TBA

MODE OF TRANSPORTATION: 1 Charter Bus

PURPOSE OF TRIP: To expose upperclassmen high school students to Historically Black Colleges and Universities. To encourage higher education as a realistic and attainable pathway to success. To instill a formidable level of pride and integrity in what has been accomplished in their name. To uphold the responsibility and accountability young people have as leaders and caretakers of their communities.

THE FORMULA FOR REACHING YOUR HIGHEST POTENTIAL

I, the parent/guardian of the above named student, hereby give permission for my son/daughter to take part in the trip described above. I understand that the following conditions apply:

- A) My child is expected to be accompanied to and from the destination and return sites, as well as remain accompanied by a chaperone for the duration of the trip.
- B) I agree not to hold the organization or any of its members responsible for any expenses, including damages incurred as a result of my child's behavior, or for any injuries that my child may incur while engaged on this trip.
- C) I understand that my child is responsible for their actions at all times.
- D) I agree that in the event of injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense, in obtaining medical treatment for my child. I have indicated below, any permanent or temporary medical condition(s) that should be known concerning my child.

[If your child has no permanent or temporary medical or other conditions of which the adult supervisor(s) of the trip need be informed, please write "NONE" and initial your response.]

(Please list any and all medical conditions here)

Please indicate below any activities your child should not participate in due to illness:

- E) I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of this or any other illegal substance, he will be subjected to disciplinary procedures and possible criminal prosecution.

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*****I UNDERSTAND THAT STUDENTS WHO HAVE CONSISTENTLY VIOLATED THE CODE OF DISCIPLINE WILL BE IMMEDIATELY SENT HOME VIA GREY HOUND BUS SERVICE.*****

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EMERGENCY CONTACT FORM

In case of emergency, I can be reached at:

Day phone: (_____) _____ - _____

Evening: (_____) _____ - _____

2nd Emergency Contact:

Name: _____

Relation to student: _____

Phone: (_____) _____ - _____

Medical information:

Child's Doctor's Name: _____

Doctor's phone number: _____

Health Insurance/Plan: _____

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PERMISSION SLIP/PHOTO RELEASE FORM

I, _____, (parent or legal guardian of the minor/s named below) hereby grant permission, to photograph and document my child, and use their images for the purposes of social media, brochures and other material describing this initiative.

Child's name: _____

In signing my name below I agree to the above statement and conditions.

Parent/Guardian signature: _____

Date: _____

I understand that my child cannot attend any trip without my expressed written consent. I hereby offer my consent by signing this notification and consent form.

(Signature of Parent/Guardian)

(Date)

STUDENT DECLARATION

I HAVE READ the Parental Notification/Consent Form and understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself at all times, especially in workshops/meetings. I understand that alcoholic beverages and/or illegal drugs of any and all kinds, are strictly prohibited, and that if I am found in possession of these substances, I will be subject to disciplinary procedures, possible criminal prosecution and immediate removal from the trip.

(Signature of Student)

(Date)

THE FORMULA FOR REACHING YOUR HIGHEST POTENTIAL

**ALL STUDENTS MUST ANSWER THE
FOLLOWING QUESTIONS, IN DETAIL, BEFORE
SUBMITTING THEIR APPLICATION.**

**WHAT ARE 4 POWERFUL EXAMPLES OF LEADERSHIP YOU
HAVE WITNESSED IN YOUR LIFETIME?**

**WHO ARE 4 PEOPLE YOU DON'T KNOW, BUT FEEL THEY
REPRESENT AS POWERFUL EXAMPLES OF LEADERSHIP?**

**LIST 4 CHARACTER TRAITS ALL POWERFUL LEADERS
SHOULD POSSES IN ORDER TO BE SUCCESSFUL.**

**WHAT ARE 4 WAYS YOU WILL WANT TO REFLECT POSITIVE
LEADERSHIP IN YOUR LIFETIME?**