



Changing Lives.
Changing Communities.

26th Annual H.B.C.U. College Tour

April 1 to 7, 2018

This year we are visiting several historic colleges and universities including:

Allen University
Bethune-Cookman University
Claflin University
Full Sail University
Voorhees College



MANDATORY MEETING for all parents and students will be held Friday, March 16, 2018 at 5:00 PM at our East Office located at 993 E. Main St.

For more information, call (614) 272-1464



College Tour Registration Form

ID# _____

Child's Name _____
(Last Name) (First Name) (Middle Initial)

Address _____ Apt # _____ Zip Code _____

Home Telephone _____ Cell Phone _____

Date of Birth _____ Age _____ Gender: Male _____ Female _____

T-shirt size (check one) Youth Adult Size: S M L XL 2XL 3XL 4XL

Race/Ethnicity: African-American Asian Bi-racial Hispanic/Latino
 Native American Somalian White Other: _____

School _____ Grade _____

Parent/Guardian Name _____
(Please Print) (Relationship)

Allergies (please list) _____

Medications (please list) _____

Emergency contact _____
(Please Print) (Relationship)

Address _____ Contact # _____

*****I understand that my child's participation in the CND program is voluntary. I also understand that CND is not responsible for any valuables my child may bring to any CND activity. *****

Parent/Guardian _____
(Signature) (Date)

Staff _____
(Signature) (Date)

FOR OFFICE USE ONLY		
<input type="checkbox"/> East Office	<input type="checkbox"/> South Office	<input type="checkbox"/> West Office
<input type="checkbox"/> College Tour		
Date of Registration _____		Prior Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No

College Tour Permission Slip

I, _____, give my child _____ my permission to attend the CND's Academic College Tour with the staff and representatives of the Community for New Direction program. I also understand this is a voluntary activity and is sponsored for selected youth involved in the program.

If you agree to these terms initial here: _____

Medical Emergency Authorization

I give the staff of CND permission to seek medical attention for my child in case of an accident or medical emergency, including if deemed necessary at a licensed hospital facility. I am aware that a member of CND staff will contact me to inform me of such an emergency. The number or numbers that I can be reached in case of an emergency are:

_____ or _____

If you agree to these terms initial here: _____

Behavioral Contract

My child and I agree to the zero tolerance policy of the CND College Tour. I understand that if my child fights, refuses to participate, doesn't follow rules or is blatantly disrespectful with another child or staff, he/she will be sent home for the remainder of College Tour. I fully understand that my fee will be forfeited.

If you agree to these terms initial here: _____

Videotaping Authorization Waiver and Image Release

I hereby authorize and consent to the videotaping, picture taking or recording of my child's image and voice for public display and dissemination. I voluntarily make this authorization and consent fully realizing that in granting my permission I consent to the use of said film, videotape, or photograph in such a manner as CND deems reasonable and necessary.

I hereby waive any right, claim or actions that I may have to receive payment, consideration, compensation or royalties for the use of my child's image and voice in all matters videotaped by CND. I also waive any right or claim of privacy that I may have incident to or arising out of production, creation, making, recording, public display or public dissemination, of said videotape or picture.

Furthermore, I, for myself, my heirs, executors, administrators, and assigns, forever discharge and hold harmless CND, their agents, and board of directors.

If you agree to these terms initial here: _____

Parent/Guardian _____

(Signature)

(Date)

Staff _____

(Signature)

(Date)



A copy of the
participant's current
medical card must be
turned in with the
College Tour
registration and
forms.