



Changing Lives. Changing Communities.

# 27th ANNUAL HBCU/ACADEMIC COLLEGE TOUR



— April 21st to 27th, 2019 —

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

**Alcorn State University**  
**Dillard University**  
**Jackson State University**  
**University of Memphis**  
**Tulane University**  
**Xavier University of Louisiana**



**MANDATORY MEETING** for all parents and students will be held Friday, April 5, 2019 at 5:00 PM at our East Office located at 993 E. Main St.  
All money is due by the meeting.

**For more information, call (614) 272-1464 or visit our website at [www.cndcolumbus.org](http://www.cndcolumbus.org)**

Primarily funded by:



**COLUMBUS**





# 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 HBCU/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 the 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)



**Community for New Direction  
2019 Academic College Tour  
Permission Slip**

\_\_\_\_\_ has my permission to attend the 2019 HBCU/Academic College tour to Alcorn State University, Dillard University, Jackson State University, University of Memphis, Tulane University and Xavier University of Louisiana 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.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



## Community for New Direction 2019 Academic College Tour

Please sign this form and return to Community for New Direction staff

I, \_\_\_\_\_ give my child, \_\_\_\_\_,  
permission to miss school to attend the Community for New Direction's 2019 HBCU/Academic  
College Tour from Sunday, April 21<sup>st</sup> through Saturday, April 27<sup>th</sup>. My child will be visiting  
several historic sites and colleges that include Alcorn State University, Dillard University,  
Jackson State University, University of Memphis, Tulane University and Xavier University of  
Louisiana.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

Cut here \_\_\_\_\_ Cut here

Please sign this form and return to your child's school and/or homeroom teacher

To whom it may concern,

I, \_\_\_\_\_ give my child, \_\_\_\_\_,  
permission to miss school to attend the Community for New Direction's 2019 HBCU/Academic  
College Tour from Sunday, April 21<sup>st</sup> through Saturday, April 27<sup>th</sup>. Please give my child their  
missed assignments and/or homework so they can work on it during the tour. My child will be  
visiting several historic sites and colleges that include Alcorn State University, Dillard  
University, Jackson State University, University of Memphis, Tulane University and Xavier  
University of Louisiana.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date



# **Community for New Direction**

## ***2019 HBCU/Academic College Tour***

Dear Supporter of Education,

The student presenting this form to you has expressed an interest in attending college. They have the unique opportunity to participate in a college tour with Community for New Direction. Each student must pay \$400 to attend the tour. The dates are Sunday, April 21, 2019 to Saturday, April 27, 2019. The tour will visit the following schools: Alcorn State University, Dillard University, Jackson State University, University of Memphis, Tulane University and Xavier University of Louisiana.

Many of our students are in need of financial assistance to make this educational trip. Please help this student enhance his/her future prospect of attending college with your donation.

For further information and questions, please visit our website at [www.cndcolumbus.org](http://www.cndcolumbus.org) or contact us at (614) 272-1464.



# Student Sponsorship Form

Name	Address	Amount	Receipt Requested
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			





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