

**REGISTRATION PACKET FORM 1 OF 3**

**“Step To The Future” College Tour  
March 28 – April 2, 2010  
Registration Form**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: hm ( ) \_\_\_\_\_ Student cell ( ) \_\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NUMBER(s): \_\_\_\_\_

**STUDENT’S PLEDGE**

As a condition of my travel on the **2010 College Tour**, I hereby pledge to follow the code of conduct established by the group, including those concerning my behavior and respect for all leaders, coordinators, chaperones, peers, and any others that assist or support the group’s activities before, during, and after the tour. I also understand that violation of the code of conduct could result in my being prevented from participating in certain tour activities.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION**

\_\_\_\_\_ has my/our permission, to participate fully, in the **2010 College Tour** activities, during the week of March 28 – April 2, 2010. I/we also agree to the following:

1. It is my/our understanding that the group will be transported to and from the tour sites by chartered bus. I also understand that every reasonable effort will be made to plan for safety on this trip. Nevertheless, I agree to assume full responsibility for any personal injury or any damage to my student’s personal property that may occur directly or indirectly during the course of the trip.
2. I/we acknowledge that every effort will be made to contact the designated parent/guardian in the case of a medical emergency. If I/we cannot be reached, I/we authorize the tour chaperone(s), to seek appropriate medical (physician, dentist, nurse, etc.) care for my student.
3. I/we also agree to fully and forever release and discharge the Baptist Grove Church, and PATT, their agents, affiliates, predecessors, successors and assigns, from any and all claims, demands, damages, right of action, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of **College Tour 2010**.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\$200.00 Deposit due with the Tour Registration Packet / \$185.00 Balance of Fees due March 20, 2010**

**To Register:** Mail certified funds (cashier’s check, or money order), payable to Baptist Grove Church, with the Tour Registration Packet to: PATT \* 1204 Westerham Drive \* Wake Forest, NC 27587  
To obtain the tour registration packet, email: info@patt-nhf.org , or call (919) 518-2903

For additional information, contact the Tour Coordinators:  
Keith or Belinda Shannon, Phone: (919) 518-2903 \* Email: info@patt-nhf.org

Tour Partner – NAACP South Central Wake County (NC) Branch & Youth Council  
Tour Coordinator – Preparing America’s Tomorrow Today

**“Step To The Future” College Tour  
March 28 – April 2, 2010**

**Medical Health Record**

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Last Name	First Name	MI
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Address	City	State	Zip code
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Birthdate	(Area Code) Phone Number
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**SECTION BELOW TO BE COMPLETED BY PARENT OR GUARDIAN**

Please check any of the below listed medical problems touring student had or now has:

- Hay Fever, Asthma or Wheezing
- Eczema or Frequent Skin Rashes
- Allergies or Reactions to food, drugs, and medicines, other - please list below:

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- Convulsions or Seizures
  - Shortness of breath
  - Frequent colds       Sore throats       Earaches       Headaches
  - Stomach aches
  - Leg or Arm pains
  - Trouble with passing urine or bowel movements
  - Heart trouble
  - Diabetes
  - Dental Problems
  - Car/Bus Sickness
  - High Heights Fear
  - Bed Wetting
  - Hypertension
  - Other – Explain
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**NOTE:** Medical Alert Bracelets / Necklaces must be worn at all times.

**A copy of a medical insurance card or verification statement with provider information and this Medical Health Record Form is required on all students**

**“Step To The Future” College Tour  
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**Education Verification and Recommendation**

Name: \_\_\_\_\_

School: \_\_\_\_\_

City and State: \_\_\_\_\_

Grade and Expected High School Graduation Year: \_\_\_\_\_ / \_\_\_\_\_



Having reviewed official school records, this statement verifies the student listed above, has earned and currently possesses a cumulative grade point average (GPA) of 2.5 or above, as of the date indicated below. Additionally, I recommend this student to travel with College Tour 2010.

Name \_\_\_\_\_

Signature \_\_\_\_\_

*Title/Educational Institution*  
\_\_\_\_\_

Phone/Email \_\_\_\_\_

Date \_\_\_\_\_

For additional information, contact the Tour Coordinators:  
Keith or Belinda Shannon - Phone: (919) 518-2903 \* Email: [info@patt-nhf.org](mailto:info@patt-nhf.org)