



**Lower Hudson Valley Diamond Foundation
KAPPA - New Rochelle-White Plains Alumni Chapter
PO Box 1193
WHITE PLAINS, NY 10602**



PARENTAL PERMISSION FORM AND RELEASE

Name of Activity: **HBCU TOUR** Date of Activity: **April 1 - 6, 2018**

I, _____, as parent/legal guardian, do hereby authorize my child, _____, to attend the *HBCU TOUR* sponsored by the New Rochelle-White Plains Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. (NRWP) and the Lower Hudson Valley Diamond Foundation (LHVDF).

In case of injuries or illness to my child, I authorize a NRWP or LHVDF representative to transfer my child to a hospital or other emergency medical facility for treatment. The NRWP Alumni Chapter and LHVDF, including its officers and members, act solely as an agent in arranging for materials and facilities for this field trip activity and are not guarantors of my child's health or safety.

With this release, I also give permission for my son/daughter to participate in photos and in open discussions on informative issues that concern my child, community and our society. "I release and hold harmless Kappa Alpha Psi Fraternity, New Rochelle-White Plains Alumni Chapter, the Lower Hudson Valley Diamond Foundation, including its officers and members, from any liability whatsoever for any harm, damage, injury, or anything else that my child may incur as the result of my child's participation on the tour." I have read and understand this release:

Signature of parent or guardian: _____

Print name of parent or guardian: _____

State relationship: _____

Home phone#: _____ Mobile Phone#: _____

Signature witnessed by: _____

Emergency contact name and phone number if you cannot be reached: _____

Your child should bring a mature attitude and an open mind. If you have any questions or concerns, feel free to contact Mr. Nichols at (914)714-8074 or sknupe06@yahoo.com



HBCU Tour
April 1 - 6, 2018

To Parent/Guardian:

Your child, _____, has the opportunity to attend, under supervision, a college tour scheduled for April 1-6, 2018. If you wish for your child to take advantage of this offer please sign below to indicate your consent and to release the Kappa Alpha Psi Fraternity, Inc., the New Rochelle-White Plains Alumni Chapter, the Lower Hudson Valley Diamond Foundation and all officers and members of each, as well as any tour chaperone, from any liability whatsoever, with respect to any injury or damage that your child may incur.

Be sure to explain to your child that he/she must remain under the supervision provided from the time of departure until dismissal upon return. Students must **not** leave or separate themselves from the group at anytime or under any circumstances. Students must not engage in activities not approved by the tour supervisors or chaperones. In the event the student does not adhere to the rules and regulations of the tour, the parent or guardian of the student will be notified and provisions will be made for the student to be returned home at the parent's expense.

“ZERO TOLERANCE POLICY”

I AGREE THAT THE TOUR SUPERVISORS AND CHAPERONE'S SHALL HAVE COMPLETE AUTHORITY AND DISCRETION IN DETERMINING WHETHER A STUDENT HAS VIOLATED ANY RULES OF THE TOUR. IN THE EVENT THAT A STUDENT IS DETERMINED TO BE IN VIOLATION OF ANY RULE, THAT STUDENT SHALL BE IMMEDIATELY SENT HOME, AT THE STUDENT'S EXPENSE AND THEIR PAYMENT FOR THE TOUR WILL NOT BE REFUNDED.

IT IS AN ABSOLUTE VIOLATION OF TOUR RULES FOR ANY MALE STUDENT TO BE IN ANY FEMALE STUDENT'S ROOM, OR FOR ANY FEMALE STUDENT TO BE IN ANY MALE STUDENT'S ROOM.

Student Name: _____ Age: _____ Sex: _____

Student's Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



HBCU TOUR

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

School you attend: _____

Grade: _____ Shirt Size _____

Dress Code

Males: Khaki pants, Polo shirts or button shirts, comfortable shoes, hair groomed and clothes ironed.

Females: Proper Interview/Business like attire, comfortable shoes, hair groomed and clothes ironed.

No jeans, tee shirts or sneakers are allowed when touring the College's campus.

I hereby agree to follow the dress code. If I failed to abide by the dress code I can be dismissed from the tour and return home at the parent's expense.

Student Signature: _____

Parent Signature: _____



HBCU TOUR **Medical Form**

Date: _____

1. Does your child take any medication, as needed, for any known medical problem? Yes No

2. Does your child have any drug, food or insect allergies? Yes No

Please Explain: _____

3. Will your child be bringing medication? Yes No

If so, name of medication, and its purpose: _____

4. Has your child had a Tetanus shot? Yes No

If yes, date: _____

In case of injury, I hereby authorize the supervisors and chaperones, in their discretion, to take my child to a doctor or hospital for emergency treatment or whatever is deemed necessary. In the event that my child, _____ causes any bodily injury or property damage by his/her negligence, the parent or guardian agrees to indemnify and hold harmless Kappa Alpha Psi Fraternity, Inc., New Rochelle-White Plains Alumni Chapter, the Lower Hudson Valley Diamond Foundation, its officers and members, and any tour supervisor or chaperone, from any loss or expense arising out of the negligence of the minor.

Student's Name and Age: _____

Students Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Address, City, State, Zip code: _____



Information: (H): _____ Mobile: _____
Email: _____