

WINSTON - SCOTT LLC. | COLLEGE TOURS 4 ALL

WINSTON-SCOTT ENTERPRISE LLC.

PRESENTS: COLLEGE TOURS 4 ALL

2018 HBCU SUMMER TOUR

JUNE 11-14, 2018



INFORMATIONAL PACKET

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Last Name _____ First Name _____ M.I. _____
Home Address _____ Apt # _____
City _____ State _____ Zip Code _____ Sex: M _____ F _____
Cell Phone _____ Email _____
Current High School _____ Grade _____ D.O.B _____
Emergency Contact _____
Phone Number _____ Relationship to Student _____

Are you currently involved in school activities? Yes/No. If so, please specify _____

Have you ever visited colleges/universities outside of Ohio? Yes/No. If so, please specify _____

Do you have any siblings currently enrolled in college? Yes/No. If so, what college(s)? _____

Have either of your parents attend college? Yes/No. If so, what college(s)? _____

What church does student attend? (If not, write N/A) _____

PERSONAL HEALTH HISTORY (to be completed by parent or guardian)

List any medications to be taken while on tour: _____

General Information (Circle All that apply)

Asthma: Yes/ No

Diabetes: Yes/No

High Blood Pressure: Yes/No

Allergies: Yes/No

Hearing Aid: Yes/No

Convulsions/Seizures: Yes/No

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List any physical or behavioral conditions that may affect or limit full participation in strenuous walking tours: _____

Name of primary care physician _____ Phone _____

Personal Health/Accident Insurance Carrier _____ Policy # _____

Parent Signature _____ Date _____

Student Signature _____ Date _____

*STUDENTS MUST BE MATURE AND ABLE TO FUNCTION INDEPENDENTLY
PLEASE (check) _____ MY CHILD IS FULLY FUNCTIONAL.

COLLEGE TOURS 4 ALL REQUIREMENTS:

GPA: 2.5 or Higher for current students in grades 10 and 11. Students in the 9th grade, bring your most recent report card that shows a 2.5 or higher.

- One Letter of recommendation from a teacher or counselor.

Re: If a student is falling a little short under the GPA requirements please contact the office for further instructions

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MEDICAL CONSENT FORM

In case of accident or illness:

Name of Student _____ DOB _____

Has my permission to receive emergency care or treatment if deemed necessary.

Address _____ City _____

State _____ Zip Code _____

Health Insurance Company _____ Group/ Account # _____

Does the student have any existing medical conditions? Yes No (Please circle one)

If yes, please explain

Currently using medication? Yes No Please list all medications below:

Is the student allergic to any medication? Yes No

If so, please specify:

Family Doctor Name _____ Phone # _____

It is hereby understood and agreed upon by *Winston-Scott Enterprise LLC / College Tours 4 All* its customers and affiliates shall not be held responsible for any claims, losses, or suits or actions arising out of acts of God, war, terrorism, strikes, damages or loss of baggage or other personal property, sickness, delay, change of *WSE* schedule or personal injury caused by persons not controlled by *WSE*. *Tours* reserves the right to accept any person(s) as a member of the group, and pass on to the client any expenditures created by bus delays or other events not controlled by *WSE* such as weather.

* *All and any medication will stay with designated chaperone.*

(Print Parent/Guardian Name)

(Parent/Guardian Signature)

(Print Student Name)

Date

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WINSTON-SCOTT LLC. | COLLEGE TOURS 4 ALL **STUDENT RULES OF BEHAVIOR**

College Tours 4 All is very excited to provide an opportunity for you to explore college life and career paths via our College Tours. In an attempt to make this tour impactful, educational and enjoyable for all, we have outlined below the specific rules of behavior for each student.

1. Students are subject to the authority of the chaperones at all times.
2. Students are expected to show consideration and respect for their students, chaperones, tour leaders, tour guides, bus drivers, and hotel & restaurant personnel. Disrespectful and rude behavior, actions or gestures will not be tolerated. A number of behaviors are regarded as incompatible with *WSE* goals, values, and standards and therefore are considered unacceptable and prohibited while participants are engaged in tour activities.
 - Unwelcome physical contact, such as inappropriate touching, patting, pinching, punching, and physical assault
 - Unwelcome physical, verbal, visual, or behavioral mannerisms or conduct that denigrates shows hostility, or aversion toward any individual
 - Demeaning or exploitive behavior of either a sexual or nonsexual nature, including threats of such behavior
 - Display of demeaning, suggestive, or pornographic material
 - Denigration, public or private, of any student, chaperone, or bus driver
 - Denigration, public or private, of school officials
 - Intentional violation of any local, state, or federal law
 - Drinking of alcoholic beverages
 - Possession of illegal substances, (i.e. marijuana)
 - Excessive disturbances in hotels

Any unacceptable behavior, as specified but not limited to the above, will result in a warning and/or disciplinary action including dismissal from participation in the college tour

3. Students are expected to take care of and keep up with their personal belongings. *WSE* will not be responsible for any losses.
4. Students attire should reflect the fact that they are with a professional organization. Business casual is required for campus visits. Spaghetti straps, bared midriffs, baggy/saggy pants, and excessively tight clothing are considered unacceptable. The chaperones will have the final say if there is borderline clothing situation.
5. No GUM, CANDY, or HEADPHONES will be permitted during the school presentations or walking tours.
6. Students are warned that carrying or using drugs in an offense punishable by law. Required medication should be prescribed by a doctor and properly labeled. Prior to departure, chaperones should receive written notification regarding all medication.
7. No incense/ candle burning is permitted.

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8. Students are not allowed to drink alcoholic beverages or to use tobacco at any time.
9. Students must be on time for all scheduled activities. Tardiness results in inconveniencing others and throwing the tour off schedule.
10. There must be MORE THAN TWO (2) STUDENTS in a hotel room during visitation at all times.
11. Curfew is at 11:00 PM and will be STRICTLY ENFORCED. There will be no visiting other rooms, opening doors, getting ice, ordering pizza or making long distance/lobby phone calls after curfew. Any deviations from the curfew will be under direct supervision of a chaperone.
12. Students must respect hotel property. Should damage of property occur, restitution would be at the expense of the STUDENT and PARENT. Students must also respect the bus and the bus equipment, and do their part to help keep it clean.
13. Students must be considerate and respectful of the rights of other guests at the hotel. Unnecessary and loud noises, which include but are not limited to, slamming doors, running and/or shouting in the hallways, blaring music and TV, banging/knocking on doors are STRICTLY FORBIDDEN.
14. Students are responsible for carrying their own luggage. They are also responsible for having the materials/items required for the day prior to getting on or off the bus. The bus driver will not be expected to open the bus for you to get things you have forgotten, especially if it is underneath the bus.
15. Students are to be attentive , take notes and ask questions during all presentations, even if you don't plan on attending that particular college or university.
16. Students are responsible for keeping their money in a safe place at all times.
17. No local or long distance phone calls may be charged to your room. We strongly suggest that the students have some type of calling card, if not a mobile device. If calls are to be made in the lobby prior to curfew please inform your chaperone of your whereabouts.
18. At hotel check outs students should give their room keys to their chaperone. Any problems with your room or immediate needs you may have (iron, extra towels, etc.) should be reported to your chaperone. Students should not call or go down to the front desk for any reason whatsoever.
19. Visitors are not allowed without written notification submitted to your chaperones prior to departure. Students may not leave the premises with them and they may not remain on the premises after curfew.

I HAVE READ, UNDERSTAND AND AGREE TO THE RULES OF BEHAVIOR FOR *College Tours 4 All*. IF ANY OF THE ABOVE-MENTIONED RULES ARE BROKEN, MY CHILD WILL RETURN HOME IMMEDIATELY AT MY EXPENSE.

Student Signature _____ Date _____

Parent Signature _____ Date _____

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MEDIA CONSENT AND RELEASE FORM

Please complete this consent form in order to allow you and/or your child(ren) to be photographed, videoed and/or interviewed during the annual tour and other special events of the College Tours 4 All Experience.

I hereby consent and authorize a member(s) of College Tours 4 All committee to take photographs or motion pictures of student(s) and/or parent(s) or to produce videotapes, audiotapes, closed circuit television, Programs, web cast, or other types of media productions that capture my name and/or my child(ren) name(s), voice and/or image (any of the foregoing types of media are called the "Materials" in this Consent and Release form).

I authorize College Tours 4 All to copyright the Materials and I authorize College Tours 4 All to use, reuse, copy, publish, display, exhibit, reproduce, license to third party, and distribute the Materials in any educational or promotional materials or other forms of media, which may include, but is not limited to university publications, catalogs, articles, magazines, recruiting brochures, websites or publications, electronic or otherwise, without notifying me.

I also agree that College Tours 4 All may identify me by name and/or my child(ren), course of study, and such other identifying information as class year, graduation date, hometown or by any other identifying information. **(If you and/or your child(ren) do not wish to be identified by name, etc., cross through this sentence)**

Please initial and indicate year _____ **20**_____

I have read and agree that I am participating on a voluntary basis and I WILL NOT receive any payment from College Tours 4 All for signing this release or as a result of any publication of the Materials.

Parent's Signature

Date

Print Name

Student's Signature

Date

Student's Name

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PARENTAL TRAVEL CONSENT

(This document must be NOTARIZED)

The signed parties have agreed to the following contract:

THE PARENT(S) / GUARDIAN (s) hereinafter referred to as “the Parent / Guardian”:

Full Name(s)

Driver’s License Number:

Full Name(s):

Address _____ Phone: _____

THE CHILD hereinafter referred to as “the Child”:

Full Name: _____

Birth Date: _____

THE TRAVELING GUARDIAN(S) hereinafter referred to as “ the Traveling Guardian”:

COLLEGE TOURS 4 ALL, its Chaperones and its Committee Members.

1. I hereby authorize my Child to travel with the Traveling Guardian to _____ and _____
2. The period of travel shall be from the _____ day of _____ 20____ until the _____ day _____ 20____.
3. Should it prove to be impossible to notify the Parent/Guardian of any change in travel plans due to an emergency or unforeseen circumstances arising, I authorize the Traveling Guardian to authorize such change in travel plans.
4. Should the Traveling Guardian in his/her sole discretion (which discretion shall not be unreasonably exercised) deem it advisable to make special travel arrangements for the child to be returned home due to any unforeseen circumstances arising, I accept full responsibility for the additional cost which shall be incurred thereby.
5. I release the Traveling Guardian from any and all claims whatsoever arising, except where such claims arise from negligence, gross negligence or willful intent during the specified period of this Travel Consent.
6. I declare that I am the parent/legal guardian of the Child and that I have legal authority to grant consent to the Traveling Guardian for the Child.
7. Unless inconsistent with the context, words signifying shall include the plural and vice versa.

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Signature _____ (Parent/Guardian)

Date _____

Signature _____ (Parent/Guardian)

Date _____

Witness 1 _____ Date _____

Witness 2 _____ Date _____