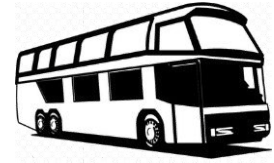




Changing Lives. Changing Communities



CND 33rd ACADEMIC COLLEGE TOUR

April 20th - 26th

We will be visiting:

Full Sail University

Allen University

Voorhhees College

Edward Waters University

South Carolina State University

We will be departing from CND on Sunday, April 20th 2025 at 11pm from 3901 E. Livingston Avenue, and will be returning on April 26, 2025 at 8:30pm

*Registration is required along with a copy of your child's medical insurance. All students must be at CND 3901 E. Livingston Ave by 5PM on April 20th.



MANDATORY MEETING for all parents and students will be held Friday, March 21, 2025, at 5:00 PM at our East Office located at 993 E. Main St. The total cost of the trip is \$500. The first deposit of \$50 is due February 28, 2025. All remaining money is due by the Parent meeting on March 21st.

**For more (614) 272-1464 or visit our website at:
www.cndcolumbus.org**

Primarily funded by:





2025 College Tour Registration Form

ID# _____

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

Address _____ Apt# _____ Zip Code _____

Telephone _____ Cell Phone _____

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

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

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

School _____ Grade _____

Guardian Name _____
(Please Print) _____ (Relationship)

Allergies (please list) _____

Medications (please list) _____

Emergency contact _____
(Please Print) _____ (Relationship)

Address _____

Contact# _____

Parent/Guardian (Signature) _____ (Date) _____

FOR OFFICE USE ONLY

East Office

South Office

West Office

Staff _____

Prior Involvement:

Date of Registration _____

Yes No

College Tour Permission Slip

I, _____ give my child _____ 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:

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 to 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 wave 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 _____ (Date) _____

(Signature) _____

Staff _____ (Date) _____

(Signature) _____



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



Community for New Direction

2025 College Tour

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

I, _____ give my child, _____,

permission to miss school to attend the Community for New Direction's 2025 College Tour from Sunday, April 20th through Saturday, April 26th. My child will visit several historic sites and colleges that include Full Sail University, Edward Waters University, South Carolina State University, Allen University and Voorhees College

In emergencies, I grant the Community for New Direction staff or their authorized representative permission to seek medical attention for my child. I will not hold the agency, its board or its staff responsible for any accidents or injuries.

Signature (Parent/Guardian)

Date

Cut here

Cut here

Please sign this form and return it 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 2024 College Tour from Sunday, April 20th through Saturday, April 26th. 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 including Full Sail university, Edward Waters University, South Carolina State University, Allen University and Voorhees College.

Signature (Parent/Guardian)

Date



Community for New Direction *2025 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 \$500 to attend the tour. The dates are Sunday, April 20th 2024 to Saturday, April 26th, 2024. The tour will visit the following schools: Full Sail University, Edward Waters University, South Carolina State University, Allen University, and Voorhees College

Many of our students need 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 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.			