

Tour Guidelines

Participants

Participants must be in **grades 9-12 as of August 2016**, and must have actively participated in the College Workshop Series ("CWS" - at least 2 of 3 sessions) - times and location TBA.

Mandatory Events

- **Community Service provided through St. Luke**
- **College Tour Preparation Workshops:** dates TBA

College Tour Rules¹

For the protection and safety of everyone on the tour, we ask that you abide by the following rules:

- **Participate in one community service designated by the college tour.**
- **Attend the College Tour Preparation Workshop.**
- Be on time for all departures and engagements
- Participate in all activities
- Follow the directives of the tour chaperones
- Stay with the group
- Pay attention during each of the college presentations
- Behave in a mature and responsible manner throughout the tour
- Adhere to the mandatory curfew as established by the chaperones (TBD)
- Provide a completed/notarized Information/Waiver/Consent/Health Form prior to departure on the tour
- Participate in fundraiser

Student Statement

I have reviewed the attached information and agree to abide by the College Tour Rules as provided in the 2015 College Tour information packet.

Signed: _____ Date: _____

Printed Name: _____

Parent's Acknowledgement: _____ Date _____

Printed Name: _____

¹ A more comprehensive list of guidelines will be provided at the College Tour Preparation Workshop.

St. Luke "Community" UMC 2016 College Tour Information/Waiver/Consent /Health Form

Personal and Medical Information

Print neatly.

Name/Minor _____ Date of Birth _____ Age _____

Address _____ City _____ Zip Code _____

Home Phone _____ Youth's Social Security _____

Date of last Tetanus Shot _____

Known allergies: please indicate (food, medications, insects, etc.) _____

Medical History (Diabetes, Epilepsy, Heart Murmur etc.) _____

Current Medical Conditions: _____

Physician's Name _____ Physician's Phone _____

Parents (or Legal Guardians)

Father's Name: _____

Mother's Name: _____

Father's Work # _____

Mother's Work # _____

Alternate Phone # _____

Alternate Phone # _____

Emergency Contact: _____

Phone: _____

Insurance Information

Group or Family Hospitalization Insurance Company: _____

Insurance Company Address: _____

Group #: _____ Policy# _____

Waiver of Responsibility

I, _____, legal parent or guardian of _____, gives my permission to him/her to participate in the St. Luke "Community" United Methodist 2016 Church College Tour from June 13-17, 2016. I hereby release the church, its staff and volunteer chaperones of any liability in the event of accident or injury. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned shall be liable and agrees to pay all travel expenses incurred in connection with medical emergencies or negative behavior causing said minor to be sent home during the tour.

Signed _____ Date _____

Power of Attorney

I, _____, of the County of _____, State of Texas, natural parent (or legal guardian) of _____, my minor child, do by these presents make, constitute and appoint _____ (see "KEY" below) as his/her agent as my true and lawful attorney-in-fact to act for me and in my name, place and stead; and to do any, every, and all acts deemed proper or advisable to do or exercise on my behalf.

This Power of Attorney and appointment of _____ as my attorney-in-fact is for the limited purpose of consenting to emergency medical treatment for the above named minor child **from June 13-17, 2016** and shall not terminate on my physical or mental disabilities subsequent to the date of execution hereof.

I decline to appoint an Attorney-in-Fact because I will be traveling with the Tour (POA will be designated if this status changes).

In witness whereof I have hereunto set my hand this _____ day of _____ 20_____

Signed _____

Notarization

Before me, the undersigned authority, _____, on this day personally appeared known to me to be the person whose name is subscribed to the above and foregoing instrument and acknowledged to me that s/he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ 20_____

Signed _____, Notary Public, State of Texas