



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

SUMMIT YMCA ACHIEVERS 2016 COLLEGE TOUR APPLICATION

First Name _____ Last Name _____

School _____ Grade _____ Birth Date ____/____/____

Street Address _____ Apt. # _____ City _____ State _____ Zip _____

Email Address _____

Home Phone _____ Mobile (Student) _____ Phone Carrier: _____

Current Summit Y Achiever? () yes () no Other? _____

What would you like to learn / see on a college tour?

What are you interested in? (Please list any sports, clubs, extra-curricular activities, fraternities/sororities, etc)

What are your favorite subjects in school and why? (Short explanations accepted.)

The Summit YMCA Achievers Program is continuing its college tour tradition with two days of exploration to three colleges, including stops to Temple University, St. Joseph's University as well as Penn State, College Park. Our college tours of years past have proven to provide great insight, guidance, and exposure for high school students looking toward a future in higher education. This trip will certainly carry on tradition, while meeting present day needs.

PARTICIPANT FEE:

\$0 for all students! All meals and accommodations covered by the Summit YMCA.

2 Days /1 night: Students are encouraged to bring additional money for snacks and souvenirs.

To Confirm Participation Please:

- Registration forms (waiver form / emergency contact information / audiovisual release form) must be **completed and submitted by Friday, June 15.**
- Drop off or deliver all materials to Julie Wagenblast, Youth and Teen Director at Summit YMCA 908273330x1140 or email Julie.wagenblast@thesay.org



SUMMIT YMCA
A branch of the Summit Area YMCA

67 Maple Street | (P) 908 273 3330 | www.theSAY.org
Summit, NJ 07901 | (F) 908 273 0258

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The Summit Area YMCA is one of the area's leading charitable 501(c)3 organizations. Our programs and services are open to all through our financial assistance programs made possible through the generosity of our members, donors and partners. To help us help others, make your tax-deductible donation today at www.theSAY.org.



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SUMMIT YMCA ACHIEVERS COLLEGE TOUR APPLICATION WAIVER FORM/EMERGENCY CONTACT INFORMATION

I, _____, am the parent or legal guardian of _____, a minor. I agree that my child may participate in the Summit YMCA Achievers Summer College Tour on Sunday, July 6 - Wednesday, July 9.

My son/daughter, _____, has the following medical conditions; _____. He/she must take the following medication _____.

In case of emergency, I may be reached by phone at _____.

If I am unable to be reached, please notify the following persons:

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the program directors to secure proper treatment and to order injections, anesthesia or surgery for my child as named above.

I do hereby waive, release and forever discharge the Summit YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liabilities for injuries or damages resulting from my child's participation in any activities.

Participant's Signature _____ Date ____/____/____

Parent/guardian Signature _____ Date ____/____/____

Address: _____

Street Address

City

State

Zip



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SUMMIT YMCA ACHIEVERS COLLEGE TOUR APPLICATION AUDIO/VISUAL RELEASE FORM

For good and valuable consideration, the receipt of which I hereby acknowledge, I, the undersigned, hereby give my full and complete permission, without reservation or restriction, to be photographed (still, motion) and/or tape recorded (audio, video) by employees and/or agents of the Summit YMCA while participating in YMCA activities.

I understand and agree that I am hereby waiving any and all claims and right to payment relating to the use, including broadcast, of said photographs, slides, films, videotapes, audiotapes, or other audiovisual representations taken or made of me, provided however that said use is limited to professional, educational, promotional or informational purposes. I further waive any rights I may have under any federal or state privacy laws or regulations.

Participant's Name (Print) _____

Participant's Signature _____

Address: _____
Street Address City State Zip

Witness' Name (Print) : _____ Witness' Signature: _____

Parent/guardian Signature (if minor) _____ Date ____/____/____



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