



FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMIT YMCA ACHIEVERS 2017 COLLEGE TOUR APPLICATION

First Name _____ Last Name _____

School _____ Grade _____ Birth Date ____/____/____

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

Email Address _____

Home Phone _____ Mobile (Student Required) _____

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

Roommate Preference (please note that roommates are NOT guaranteed!): _____

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)

The Summit YMCA Achievers Program is continuing its college tour tradition with two days of exploration to three colleges, including stops to Towson University, Georgetown University and Howard University on June 28 and 29th. 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. See below for our brief schedule. (Please note a full itinerary will be provided to students/parents once spot is confirmed on trip).

Wednesday, June 28th

- Students depart at 9am for Towson University
- Towson University Tour
- Dave and Busters Dinner and Games
- Hotel stay at Holiday Inn Express, College Park
- Breakfast at Hotel
- Georgetown University Tour
- Washington Monument Walk *Tenative*
- Howard University Lunch and Tour
- Depart for home w/ dinner provided
- Arrive at Summit YMCA apprx. 9:30PM

Thursday, June 29th

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 Wednesday, 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

PLEASE NOTE: CURRENT ACHIEVERS STUDENTS ARE GIVEN PRIORITY UNTIL JUNE 5TH.



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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FIRST 30 PARTICIPANTS WILL BE ACCEPTED.

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 Tuesday, June 28- Wednesday, June 29th.

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:_____ 2. Name:_____ Phone:_____

Relationship:_____ 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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