



**Jackson State University National Alumni Association, Inc.
METRO ATLANTA CHAPTER, INC. P.O. Box 57122, Atlanta, GA
30343 INFO@JSUMAC.COM 404-266-7933**

REGISTRATION AND MEDICAL FORM

JACKSON STATE UNIVERSITY HIGH SCHOOL & COMMUNITY COLLEGE DAY
NOVEMBER 2, 2019

High School Day fee options:

a) \$150 two-students in two queen bed hotel room

Payments can be paid online at:

<http://www.jsumac.org>

STUDENT INFORMATION (PLEASE PRINT LEGIBLY)		T-SHIRT SIZE _____
NAME: _____		
ADDRESS: _____		
MALE _____ FEMALE _____	ETHNICITY _____	DATE OF BIRTH _____
SCHOOL NAME _____		
EMAIL: _____	HOME PHONE _____	
DATE OF BIRTH: _____	CELL PHONE _____	
PROPOSED MAJOR: _____	MINOR _____	
GPA _____	ACT SCORE _____	SAT SCORE _____
EXTRACURRICULAR INTERESTS _____		
HAVE YOU APPLIED TO JACKSON STATE UNIVERSITY? YES _____ NO _____		
(**NOTE: STUDENTS WHO HAVE APPLIED ARE STRONGLY ENCOURAGED TO PARTICIPATE. APPLICATIONS AVAILABLE UPON REQUEST TO OTHERS.)		
NAME & PHONE NUMBER OF JSU ALUMNUS WHO RECOMMENDS STUDENT: _____		
PARENT(S)/GUARDIAN(S) : MR _____ MRS _____ MS _____		
NAME _____	PARENT _____	GUARDIAN _____
ADDRESS _____		
CITY: _____	STATE: _____	ZIP: _____ EMAIL: _____
HOME _____	CELL: _____	DAYTIME _____
EMERGENCY CONTACT: MR _____ MRS _____ MS _____		
NAME _____	PARENT _____	GUARDIAN _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____ EMAIL _____
HOME _____	CELL _____	DAYTIME _____



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Permission to Transport/ Waiver of Liability

I _____ give Jackson State University National Alumni Association, Inc. (JSUNAA) Metro Atlanta Chapter, Inc. permission to transport my son/daughter, _____, to all functions and activities. My child agrees to abide by the rules of JSUNAA Metro Atlanta Chapter, Inc. I understand that all of the JSUNAA Metro Atlanta Chapter, Inc. or any agents therein, shall not be liable for any injuries to my son/daughter, my son/daughter's property, or those damages resulting from acts of active or passive negligence on the part of JSUNAA Metro Atlanta Chapter, Inc., its officers, or agents. I do hereby release and discharge JSUNAA Metro Atlanta Chapter, Inc. of its successors and assigns, as well as its officers and agents, for such claims, demands injuries, damages, actions or cause of action.

Student's Signature

Date

Parent's/Guardian's Signature

Date



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MEDICAL INFORMATION/MEDICAL RELEASE FORM

Student's Name (please print *in black or blue ink* in boxes below)

First _____

Last _____

ALLERGIES (Please include all food, medication, and environmental allergies): _____

MEDICATIONS/CONDITIONS: _____

ANY EXCEPTIONS: _____

I have provided medication for my child to take with the supervision of the JSU adult in charge Yes No									
Medication: _____ Date provided: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Dosage: _____ </td> <td style="width: 50%; padding: 5px;"> How often? _____ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> JSU Adult Name: _____ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> JSU Adult Signature: _____ </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Parent Signature: _____ </td> </tr> </table>	Dosage: _____	How often? _____	JSU Adult Name: _____		JSU Adult Signature: _____		Parent Signature: _____	
Dosage: _____	How often? _____								
JSU Adult Name: _____									
JSU Adult Signature: _____									
Parent Signature: _____									

Emergency Contacts

If unable to reach me in case of an emergency or change in plans, please contact one of the following. I will make arrangements with these people prior to the event.

Name: _____ Day: _____ Even: _____ Relationship: _____
 Name: _____ Day: _____ Even: _____ Relationship: _____

MEDICAL RELEASE

I give my permission to have her/him treated by a licensed physician if necessary. I also agree to be financially responsible for all expenses associated with providing medical care for my child. Medical treatment includes transportation for my child by emergency vehicle to an appropriate health care facility and pre-hospital medical care, all hospital and physician services, whether medical, surgical and/or dental, necessary for the benefit/safety/well-being of my child.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____



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STUDENT CODE OF CONDUCT

I give Jackson State University National Alumni Association, Inc. (JSUNAA) Metro Atlanta Chapter permission to transport my son/daughter, _____, to all functions and activities. My child agrees to abide by the rules of JSUNAA, Metro Atlanta Chapter. I understand that all of the JSUNAA Metro Atlanta Chapter or any agents therein, shall not be liable for any injuries to my son/daughter, my son/daughter’s property, or those damages resulting from acts of active or passive negligence on the part of JSUNAA Metro Atlanta Chapter, its officers, or agents. I do hereby release and discharge JSUNAA Metro Atlanta Chapter, of its successors and assigns, as well as its officers and agents, for such claims, demands injuries, damages, actions or cause of action.

All students are expected to conduct themselves in a proper manner while attending this function. This includes all travel, hotel, and sightseeing times. All students are under the rules and guidelines of JSUNAA-Metro Area Chapter. This includes, but is not limited to:

- Sponsors and chaperones must be respected at all times. No back-talk will be tolerated.
- Profanity of any kind, including songs, riddles or jokes, which may be offensive to others, is prohibited.
- Students must remain with the group at all times and be accompanied by another student when leaving the hotel room.
- Students must let sponsors know where they are at all times.
- Girls in boys’ rooms or boys in girls’ rooms is NOT ALLOWED.**
- Curfew must be obeyed. (*Curfew means each student will be in their assigned room with the TV and radio at a soft volume. In an emergency, students may call a chaperone.*)
- Local and long distance phone calls made from hotel rooms are not allowed.
- Internet access without a sponsor’s permission is not allowed.
- Water pistols, water balloons, or other creative missiles during the trip and/or at hotel are not allowed.
- Fighting, loud noise, or any other disruptive behavior during the trip and/or at the hotel is not allowed.
- Theft of any item is not allowed.
- Alcohol, tobacco, illegal drug, x-rated materials are prohibited.
- Medications must be used as prescribed.
- Weapons are prohibited.
- Clothing should be appropriate for the day’s activities.
- Students are responsible for their personal belongings. JSUNAA; Metro Atlanta Chapter is not financially liable for damage or loss of student’s possessions.

Failure to comply with this Student Code of Conduct may result in immediate consequences. The student is subject to being sent back home at parents’ expense. Additionally, the student may not be allowed to participate in any future functions and events associated with JSUNAA; Metro Atlanta Chapter.

 Student Signature

 Date

 Parent / Guardian Signature

 Date