



**JACKSON STATE UNIVERSITY NATIONAL ALUMNI ASSOCIATION, INC.  
METRO ATLANTA CHAPTER, INC**

**P.O. Box 57122  
Atlanta, GA 30343  
404-266-7933**

**[Info@JSUMAC.COM](mailto:Info@JSUMAC.COM)**

**High School & Community College Day 2023  
November 4, 2023**

Cost per student= \$100.00

- \$40.00 **Non-refundable** deposit due by **September 15, 2023**
- Remaining balance of \$60.00 due by **October 13, 2023**

Payments may be remitted via (please note child's name and that payment is for High School Day):

- Cashapp= \$JSUMAC
- Zelle= JSUMACTREASURER@gmail.com

**\*Email completed packets to [JSUMACMEMBERSHIP@yahoo.com](mailto:JSUMACMEMBERSHIP@yahoo.com)**

**\*\*Parents, please legibly complete all forms.**

**\*\*Failure to remit non-refundable deposit and balance by due dates, will result in dismissal of student registration.**

Contacts:

Mrs. Delphine Woodly- Student Recruitment Chair  
[JSUMACMEMBERSHIP@Yahoo.com](mailto:JSUMACMEMBERSHIP@Yahoo.com)

Dr. Carlos Sample- 2<sup>nd</sup> Vice-President  
[JSUMACMEMBERSHIP@Yahoo.com](mailto:JSUMACMEMBERSHIP@Yahoo.com)

Tiger Hotline (Voicemail)- 404-266-7933

**Jackson State University National Alumni Association, Inc.  
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**Registration and Medical Form**

<b>Student Information (Please Print Legibly)</b>	T-Shirt Size _____
Name: _____	
Address: _____	
Male _____	Female _____
Ethnicity _____	DOB _____
School Name _____	
Email: _____	
Home Phone _____	Cell Phone _____
Proposed Major: _____	
Minor _____	
GPA _____	ACT Score _____
SAT Score _____	
EXTRACURRICULAR INTERESTS _____	
Have you applied to JSU?    _____ Yes    _____ No	
<b>(**Note: Students who have applied are strongly encouraged to participate. Applications available upon request to others.)</b>	
Name & Phone Number of JSU Alumnus Who Recommends Student: _____	
<b>Parent(s)/Guardian(s):</b>	Mr. _____ Mrs. _____ Ms. _____
Name _____	Parent _____ Guardian _____
Address _____	
City _____	State _____ Zip _____
Email: _____	
Home Phone: _____	Cell Phone: _____

**EMERGENCY CONTACT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Jackson State University National Alumni Association, Inc.  
METRO ATLANTA CHAPTER, INC.**

**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 agents therein, shall not be liable for any injuries to my son/daughter, my son's/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 causes of actions.

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Student Signature

Date

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Parent/Guardian's Signature

Date

**Jackson State University National Alumni Association, Inc.  
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**MEDICAL INFORMATION/RELEASE FORM**

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

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

\_\_\_\_\_ Not Applicable

Medication(s):	Dosage:	How often?
Date Provided: _____	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: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

**MEDICAL RELEASE**

I give my permission to have my child 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 care, all hospital and physician services, whether medical, surgical, and/or dental necessary for the benefit/well-being of my child.

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Parent/Guardian Signature

Date

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Student Signature

Date

**Jackson State University National Alumni Association, Inc.**  
**METRO ATLANTA CHAPTER, INC.**

**STUDENT CODE OF CONDUCT**

I give Jackson State University National Alumni Association, Inc. (JSUNAA) Metro Atlanta Chapter permission to transport my child, \_\_\_\_\_, 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 child, my child'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, from 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 Atlanta 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 any electronic device at a soft volume. In an emergency, student 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 behaviors during the trip and/or at hotel are not allowed.
- Theft of any item is not allowed.
- Alcohol, tobacco, illegal drugs, x-rated materials are prohibited.
- Medications must be used as prescribed.
- Weapons (real or make-shift) 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.

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Student Signature

Date

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Parent/Guardian Signature

Date