

MONTGOMERY COUNTY OIC

2026 HBCU COLLEGE TOUR APPLICATION FORM

Student Information:

Name: _____

D.O.B: _____ Age: _____ Gender: _____

Email Address: _____

Address: _____ City: _____

Zip: _____ State: _____ Cell Phone: _____

Grade (check one): 9th _____ | 10th _____ | 11th _____ | 12th _____

High School: _____

Reference Name & Phone number (i.e. Teacher, Pastor, Family Friend, Tour Alumni etc.) : _____

What areas of study are you interested in? (i.e. *Civil Engineering, Marketing, Biology, Nursing, Sports Management, etc.*): _____

Parent/Guardian Information:

Name(s): _____

Address (if different from above): _____

City: _____ Zip: _____ State: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Lodging Information:

Room Mate Preference (if any): _____

Please bring completed Registration Form [Emergency Contact and Medical Release, Participant Code of Conduct, and Information Release Form(s)] to the second floor of the Montgomery OIC building at 1101 Arch Street, Norristown, PA; OR scan to either email address: eferrell@montgomerycountyoic.org or info@montgomerycountyoic.org.

Payments [\$75 Registration Fee & \$600 Tour Fee] can be made on the Montgomery County OIC website at <https://montgomerycountyoic.org/hbcu-college-tour> (under HBCU College Tour tab - select amount and notate student's name and College Tour installment); OR by check made out to "Montgomery County OIC, 1101 Arch Street, Norristown, PA 19401." Payment and completed Forms will not be accepted after **FRIDAY MARCH 6, 2026**.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & .182; 3280.124 (a)(b), 3280.181 & .182; 3290.124 (a)(b), 3290.181 & .182

CHILD'S NAME			BIRTHDATE
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER
ADDRESS			
BUSINESS NAME			BUSINESS TELEPHONE NUMBER
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER
ADDRESS			
BUSINESS NAME			BUSINESS TELEPHONE NUMBER
ADDRESS			
EMERGENCY CONTACT PERSON(S)		NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED		NAME	ADDRESS
			TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			TELEPHONE NUMBER
ADDRESS			
SPECIAL DISABILITIES (IF ANY)			ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION			MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

Montgomery County OIC 2026 HBCU College Tour

Parental Consent and Medical Release Form

This consent form is to be signed only if you have read, understood, and agreed to the information below. If this form is not completed (in its entirety) and returned prior to the stipulated deadline, the participant will not be permitted to attend/participate. There will be no exceptions.

Name of Participant: _____

Name of Parent/Guardian: _____

Address: _____ City: _____

Zip: _____ State: _____ Cell Phone(s): _____

Email Address: _____

Trip and/or Activity Planned: **Montgomery County OIC Spring Break HBCU College Tour**

Purpose of Trip /Activity: **Visit Historically Black Colleges and Universities**

Departure Location: **Montgomery County OIC, 1101 Arch Street, Norristown, Pennsylvania, 19401**

Departure Date/Time: **Saturday, March 28th 2026 at 7:30 AM***

Return Location: **Montgomery County OIC, 1101 Arch Street, Norristown, Pennsylvania, 19401**

Return Date/Time: **Thursday, April 2, 2026 at approximately 8:00 PM***

Dress Code: ***See Participant Code of Conduct***

Changes / Cancellations:

Montgomery County Opportunities Industrialization Center (Montgomery County OIC) will endeavor to notify the Parent(s)/Legal Guardian(s) of participants in the event of any significant changes in the trip activity.

Statement

I am the Parent or Legal Guardian of the Participant, and I request that said Participant be allowed to attend this planned trip, and specifically consent to their participation. I release Montgomery County Opportunities Industrialization Center and each of its officers, members, chaperones, and agents from any liability resulting from injury, illness, or a participant being sent home.

Parent/Legal Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

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Emergency Medical Information

Insurance Coverage:

The above-named participant is covered under the following medical policy or plan:

Name of Health Insurance Company or Medical Plan: _____

Policy Number: _____ Group Number: _____

Number of Policy Holder: _____ Relationship to Child: _____

Child's D.O.B: _____

Medical and/or Dietary Restrictions:

Please list below any medical, physical, or dietary conditions and/or restrictions we should be aware of (i.e. allergies, asthma, medications, etc)- this includes medications the student will be taking on the trip (if any):

Emergency Authorization:

In the event I cannot be reached during an emergency, I hereby give Montgomery County OIC, and their staff, authority to procure necessary emergency medical care in the case of an emergency. I authorize Montgomery County OIC to release the following information to healthcare providers and/or emergency personnel. I understand that Montgomery County OIC staff will use the contact information below to contact me in the event of such an emergency.

Daytime Phone Number: _____ Evening Phone Number: _____

Email Address: _____

Additional Contact Person: _____

Phone Number: _____ Email Address: _____

Parent/Legal Guardian Signature: _____ Date: _____

Montgomery County OIC - 2026 HBCU College Tour

PARTICIPANT CODE OF CONDUCT

Adherence to the guidelines below is essential for our College Tour. These guidelines are intended to provide students (“Participants”) and parents with clear expectations for behavior to ensure the safety and enjoyment of all Participants of the trip. Any serious violation of the Participant Code of Conduct articulated below may result in the Participant being sent home immediately at the expense of said Participant’s parent/legal guardian.

1. **General Conduct:** Each Participant is expected to follow the instructions of the HBCU College Tour chaperones. Each Participant is expected to always conduct themselves in a mature manner, and to be respectful to all chaperones and all other adults. This includes bus operators, hotel and campus staff, and any other persons the Participant may encounter.
2. **Luggage:** Storage space on the charter bus is limited, so only pack those items that are necessary for the College Tour. You will be permitted one carry-on item (backpack, messenger bag, etc.) and one item to be stored under the bus. Participants are responsible for carrying their own luggage.
3. **Money & Valuables:** Some meals, hotel accommodations, and transportation will be provided for each Participant. Any other items that need to be purchased during the HBCU College Tour must be purchased by the participant, including souvenirs, toiletries, etc. Any valuables should be left at home.
4. **Campus & Hotel Conduct:** No Participant will be permitted to leave the hotel property or any College or University campus without a HBCU Tour chaperone or without the expressed permission of a HBCU Tour Chaperone.
5. **Room Assignment:** Each Participant must be in his/her assigned room by 11:45 PM, subject to hotel rules and regulations. Each room will be inspected accordingly. Participants are not permitted to “swap” room assignments with another participant. UNDER NO CIRCUMSTANCES will you be permitted to enter a room of the opposite gender.
6. **Punctuality:** The HBCU College Tour has a schedule which must be adhered to. Each Participant is expected to be on time for all meals, tours, and other activities.
7. **Attire:** Each Participant must be dressed in adequate and weather appropriate clothing.
8. **Vulgarity:** Vulgar language and other obscene and disruptive behavior (i.e. fighting, arguing, etc.) will not be permitted or tolerated.
9. **Illegal Substances:** Under no circumstances whatsoever will smoking, vaping, drinking, or substance use be permitted during the HBCU College Tour. Any medication that a participant is required to take should be disclosed on the Parent Consent and Medical Release Form.

**OIC reserves the right to deny participation in our Annual HBCU College Tour to anyone who is currently or becomes subject to any disciplinary action in their respected school/district.*

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Montgomery County OIC - 2026 HBCU College Tour

MEDIA RELEASE FORM

We are glad that you and your child have made an important decision for their future by attending and participating in this event! In our quest to capture what certainly will be evidence of educational and overall excellence offered by some of the nation's top Colleges and Universities, we plan to document the 2026 HBCU College Tour on our website upon completion of the trip through several digital photographs and/or short video clips of students attending this year's event.

In support of the goals of Montgomery County OIC to attract additional young people and their families and to increase the opportunity for discovering academic institutions that match personal visions for community success, we respectfully request your permission to interview, photograph, and/or audio/video record your child (Participant) with the possibility they will be featured in future promotional/educational media productions as deemed necessary and appropriate.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date

Student Participant (Print)

Student Participant (Signature)

Date