rev2.27.19 **$35 per person: _____**

Spring Break Experience College Tour 2019
Atlanta Technical * Atlanta Metro * Spelman * Morehouse * Clark Atlanta

REGISTRATION FORM

Name of student _____
Last First age grade

School_____

Parent/Legal Guardian's Name_____
Last First

Address: _____
Street City Zip code

Cell phone _____ Alternate No. _____

Email address: _____

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

Medical History (if no medical issues or no allergies, please write NONE)
Please list any medical issues and or allergies. If your child has allergies or intolerance to certain foods, please let us know and be advised to supply your child with any medicines, food or drink or that is suitable.

I, _____ give _____
Parent/Legal Guardian student's name

permission to attend the **Spring Break Experience 2019 College Tour, Wednesday April 3, 2019 from 8:00 am – 6:00pm** sponsored by Zena's House, Inc. I understand that by signing this form I accept all responsibilities and liabilities for my child in the event of an accident, emergency or any unforeseen event. I understand that my child(ren) must follow ZH guidelines and expectations.

I _____ (parent/legal guardian) am giving Zena's House and its representatives power of attorney over my child during this trip just in case it is necessary to act as the legal representative on the child's behalf.

Parent Signature Date