

Caring For Young Minds, Inc

Balancing academics with athletics.



Black College Tour 2010

Greetings and Welcome to the Caring For Young Minds Black College Tour 2010.

The upcoming College Tour is scheduled for **March 29 – April 2, 2010** (Spring Break Week) and is open to grades 7 – 12. All School Calendars aren't the same so check to ensure that dates coincide.

The 2010 Tour will focus on the wonderful Historically Black Colleges and Universities (HBCUs) in our local area. The following schools are scheduled visits:

Morgan State University, Howard University, Bowie State University, Delaware State University, University of Maryland Eastern Shore, Lincoln University, Central State University, Cheyney University, Wilber Force University, Hampton University.

This educational tour will provide your student(s) with valuable information about college requirements, admittance criteria, and strong history surrounding our HBCUs. When permitted, the tour will visit local historical sites. The final day of the tour will be spent at **Kings Dominion Amusement** park.

The Tour is all-inclusive and cost **\$600*** per person. A \$150.00 deposit is required to reserve your seat. To register, complete the attached registration form and mail it with your check or money order to:

Caring For Young Minds, Inc.,
11 North Stead Court
Catonsville, MD 21228

Our first informational meeting will be held at Randallstown High School:

October 28, 2009
6:30p.m.
4000 Offutt Road
Randallstown, MD 21133

Best Regards,
Patrick Johnson
401-935-7017
Caringforyoung@aol.com
www.caringforyoungminds.com

*Your deposit is non-refundable. All payments submitted are non-refundable and non-transferable. In the event the referenced participant is unable to attend the tour, monies received will be donated to the tour. Tour cost of \$600.00 includes uniform cost (t-shirts), transportation (luxury Motor Coach), lodging, meals, snacks, and entry to amusement park.

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Please Print Clearly

Black College Tour 2010 - Registration Form

Student's First Name _____ Middle Initials _____ Last Name _____
School _____ Grade _____ Age _____ Gender _____ T-Shirt Size _____
Parent/Guardian Name _____
Address _____
Phone Number _____ Alternate Number _____
Email Address _____
Emergency Contact Person _____ Relationship _____
Emergency telephone Number(s): _____

Health Information: (Please list all illnesses and medications)

Takes Medication on a regular basis Does not take medication on a regular basis
List Medications, doses, time and or any medical problems:

Tour participant does not have health coverage at this time.
 Tour participant has health coverage as listed below:

Insurance Provider _____
Policy Holder _____ Policy # _____ Group # _____
Primary Care Physician: _____ Telephone Number _____

Parent/Guardian Authorization: I have read and completed the above registration form on behalf of the tour participant. The tour participant and I comply with contained information. As the parent/guardian, I hereby **grant permission** for the above referenced tour participant to engage in all activities associated with the Caring For Young Minds Black College Tour. I further **give permission** for the above registered tour participant to travel interstate as designated by the Caring For Young Minds Black College Tour organization. I also **give full permission** for the organization to arrange all necessary food, lodging, and transportation for registrant.

Pertinent medical information has been provided to make necessary emergency decisions should the need arise/if applicable. All tour participants are instructed to self medicate. However, in the event of an emergency, I hereby give permission to the nurse on tour, physician or medical personnel selected by the tour to secure and administer treatment, including hospitalization, for my child. In the event I cannot be reached, I give permission to the Caring For Young Minds Black College Tour to seek emergency medical treatment including administering necessary medication, ordering x-rays or routine tests. I agree to the release of any records necessary for emergency medical decisions and insurance purposes.

I hereby hold harmless, indemnify and defend Caring for Young Minds Black College Tour, Inc., its officers, volunteers, and all affiliates of the tour for and from any and all liability, claims, losses, injuries, expenses, fee and/or damages arising out of any injury, illness or death to my child or property damage during my child's participation with the tour. I further release and will not hold liable Caring For Young Minds Black College Tour and all affiliates for any injury, death, damage and/or loss to my child, and/or anyone claiming on my child's behalf, and I further agree to hold harmless, indemnify and defend.

A \$150.00 non-refundable deposit is required to reserve your seat on the tour with the balance to follow. All payments submitted are non-refundable and non-transferable. In the event the referenced participant is unable to attend the tour, monies received will be donated to the tour. Make checks payable to **Caring for Young Minds, Inc.**, mail to 11 North Stead Court, Catonsville, MD 21228.

Said schedule of itinerary is subject to change at any time without notification. Decisions are made on behalf of the best interest of the participants. Inclement weather and safety issues may cause changes in the Travel Itinerary and recreational activities without notice. Alternate arrangements for said changes are at the sole discretion and of the Tour Coordinators. Contact 410-935-7017 or caringforyoung@aol.com

Signature of parent/legal guardian _____

Print name: _____ Date: _____

For Official User Only:

Deposit Amount: \$ _____ Payment Type _____ Check # _____ Date: _____ Receipt # _____

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Payment Schedules

Tour Cost \$600.00

October 28, 2009	\$150.00 (Initial payment/deposit)
November 18, 2009	\$150.00
January 27, 2010	\$150.00
February 24, 2010	\$150.00 (Final Payment)

Payments may be paid by check or money order to “*Caring for Young Minds*”. Payments may be mailed to the address below or paid at our monthly meeting, which are scheduled on the same dates as the payment schedule.

Mailing address:

**Caring For Young Minds, Inc.
11 North Stead Court,
Catonsville, MD 21228**

Please include the student's name and an email address for proper credit to your account. Email receipts will be sent. Contact us at www.caringforyoungminds.com, 410-935-7017 or email at caringforyoung@aol.com.

**The \$150.00 deposit is non-refundable and required to reserve a seat on the tour. The deposit is included as part of the cost.*