



**Kappa Community Development Corporation
 Kappa Alpha Psi Fraternity, Inc.
 21st ANNUAL HBCU
 Howard University, Morgan State University
 National Museum of African American History and Culture, Martin Luther King, Jr. Memorial**

April 23-24, 2019

STUDENT ENROLLMENT APPLICATION

Student Name _____ *High School* _____

Grade _____ *Date of Birth* _____ *Gender* _____

Address _____ *City* _____ *Zip* _____

Email Address _____

Name of Parent/Guardian _____

Parent's Email Address _____

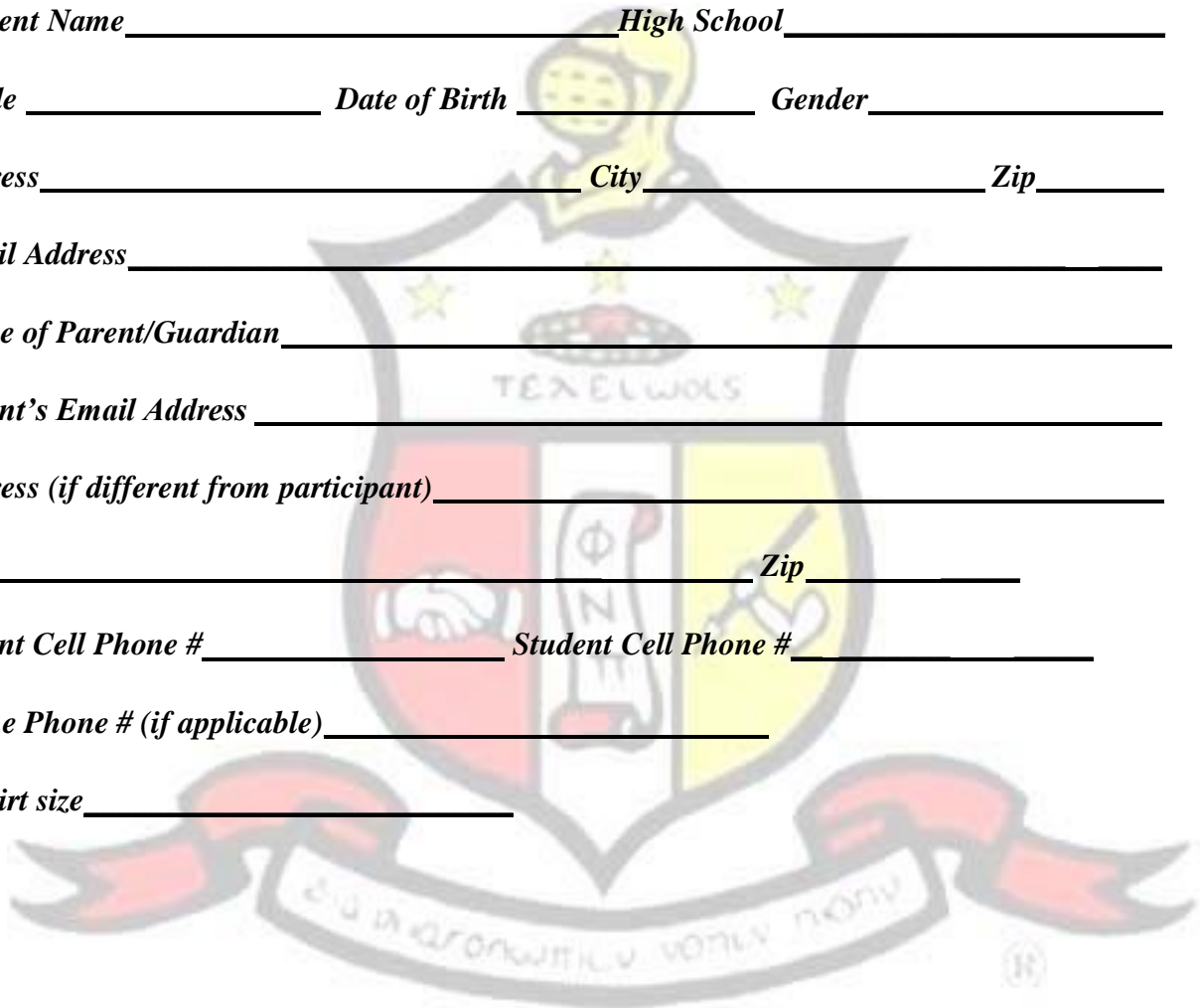
Address (if different from participant) _____

City _____ *Zip* _____

Parent Cell Phone # _____ *Student Cell Phone #* _____

Home Phone # (if applicable) _____

T-shirt size _____





**Kappa Community Development Corporation
&
Kappa Alpha Psi Fraternity, Inc.**

21st ANNUAL HBCU TOUR

Should I be injured or require medical attention, I authorize Kappa Alpha Psi, Burlington-Camden Alumni Chapter officials and/or designated chaperones to seek medical attention with the understanding that my parents and/or guardians will be contacted immediately following any incident. I further hold the Kappa Community Development Corporation, Kappa Alpha Psi, Burlington-Camden Alumni Chapter, its officers and representatives harmless from any injuries or Accidents that may occur during this supervised activity. I acknowledge that I am responsible for all of my own medical bills. Parental permission is required for students 17 and under (signature below affirms approval). Signature below also acknowledges receipt and understanding of the rules and regulations which apply to all participants of this college tour.

Student Signature _____ *Date* _____

Parent/Guardian Signature _____ *Date* _____



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**21st ANNUAL HBCU TOUR
Medical Information Form**

Participant Name _____

Address _____

City _____ **Zip** _____

Emergency numbers

Emergency contact person (if parent is not available) _____

Emergency contact person relationship to participant _____

Emergency contact home # _____ *Emergency contact work #* _____

Family Doctor _____ *Family Doctor phone #* _____

Health Insurance Company _____ *Policy #* _____

Member name on health insurance _____

(Please submit copy of health insurance card with application)

***** Participant's insurance card should be carried on the trip*****

Information about participant

Allergies _____

Medications currently taking _____

Date of last Tetanus shot _____



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**21st ANNUAL HBCU TOUR
Photo / Media Waiver and Release**

I, _____, am the Parent
Guardian of (Name of Parent / Guardian)

of _____,
(Name of Student)

a student at _____
(Name of School)

I hereby give permission to the Burlington-Camden (NJ) Alumni Chapter of Kappa Alpha Psi Fraternity Incorporated, the Kappa Community Development Corporation, members of the media, respective school and district administrators to use or release any interviewed, audio or video taped, filmed, photographed or otherwise captured image of my child for the purpose of promoting the Fraternity, and its Guide Right Program.

In signing this form, I hereby release any and all action and claims which I, my child, my family members, our heirs, executors or administrators may have against the aforementioned persons and any and each of its members, its employees, representatives, agents, successors and assigns, arising for any reason whatsoever from the use, publication, distribution, or republication of the words or images gathered for promoting the Fraternity, and its Guide Right Program.

I warrant that I am at least eighteen (18) years of age and acknowledge that I have thoroughly read and understand this Waiver and Release Form.

(Signature of Parent / Guardian) Date: _____

(Name of Parent / Guardian)

(Address of Parent / Guardian)

(_____) _____ (Phone Number)



**Kappa Community Development Corporation
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Burlington-Camden (NJ) Alumni Chapter**

21st ANNUAL HBCU TOUR

Spending money for college bookstores, snacks, rest stops, etc. (optional)

Dress Code

The dress code is casual while participants are touring college campuses. As such, they should dress like a student. Please, no short-shorts, jeans with holes, tank tops, revealing clothing, etc. Be sure to pack comfortable walking shoes/sneakers/ tennis shoes, as we will be doing a lot of walking.

NO VIDEO GAMES. NO EXCEPTIONS. Kappa Alpha Psi and its members will not be responsible for lost or stolen items or money.

Rules and Regulations

- 1. No profanity at any time.*
- 2. No smoking, alcohol or drugs should be consumed at any time during the tour.*
- 3. Everyone will be treated and respected like adults.*

I promise to adhere to all the rules and regulations and understand that in case I do not abide by all the rules and regulations, I will be sent home at the cost of my parent or guardian. I further understand that the officers, members, chaperones of Kappa Alpha Psi Fraternity, Inc., Burlington-Camden Alumni Chapter, and the Kappa Community Development Corporation are not responsible for lost or stolen items.

Student's signature _____ *Date* _____

Parent's signature _____ *Date* _____



**21st ANNUAL Kappa Community Development Corporation
&
Kappa Alpha Psi Fraternity, Inc. HBCU
April 23-24, 2019
Timeline**

February 15, 2019	Non-refundable \$25 registration fee with completed application due
March 15, 2019	\$50 payment due
March 30, 2019	Final payment due

Please mail or e-mail completed applications to:

Billy Wright
611 Cedar Ave
Haddonfield, NJ 08033
Billvezfall74@gmail.com
856-979-7371

REGISTRATION FEE is due with application and required to ensure the student's seat on the bus.

CASH PAYMENTS MUST BE MADE IN PERSON. DO NOT SEND CASH THROUGH THE MAIL.

PAYMENT ALSO ACCEPTED IN THE FORM OF MONEY ORDER, CASHIER'S CHECK OR CERTIFIED CHECK. CHECK MADE OUT TO Kappa Community Development Corporation (KCDC).