



Hello Parents and Students,

Thank you for your interest in Empower With Words 2020 Spring College Tour. I am excited to offer your child/children the chance to explore their future possibilities. I hope with this college tour they will explore the possibility of furthering their education. Often, times many children are unclear of what they want to accomplish or do immediately following high school or if they do have an idea, they are uncertain of how to go about it. My goal is to open their eyes and mind of the entire process of seeking secondary education. Through this experience, I am hoping they have a better understanding of the application process, ways to find finances for tuition, building long term relationships with other students, and setting SMART (Specific, Measurable, Achievable, Realistic, Timetable) goals.

Empower With Words also assist with Individualizing a strategy for the college application process.

Please visit empowerwithwords.com for future assistance.



Empower With Words 2020 Spring College Tour PERMISSION SLIP

Full Name of Child: _____

Address: _____

City & State: _____ Zip: _____

Birth date: _____ Age _____ Parent/Guardian: _____

Cell Phone: _____

Emergency Contact:

Name: _____ Number: _____

Does your child have insurance?

Yes No

Any medical conditions?

Yes No Explain: _____

Known Allergies (Please list)

Physical impairments or limitations (Please explain)

Does your child wear? Eyeglasses Contacts Dental Appliances

List medications needed for field trip?

Parents are responsible for providing any medications which may be needed. All medications have documentation that is in compliance with school medication policy/procedures.



In case of an emergency I _____ (name) give **Empower With Words** permission to seek medical care for _____ (child's name)

Insurance: _____

Name of policy holder _____

Policy Number _____

Group Number _____

Physician: _____

Physician Phone: _____

(If Not Applicable, Please State)

Physician Address: _____

Allergies: _____ **Asthma:** Yes No

Special health problems or concerns: _____

Current Prescribed Medication(s): _____

The undersigned as parent or legal guardian of the minor child listed above, does hereby give permission for the above named individuals to participate in the College Tour hosted by Empower With Words, Woodbridge, VA 22193. As a condition of attending, I do hereby release **Empower With Words**, from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from the above described activity, including, but not limited to transportation to and from the event. I further agree that the financial responsibility for securing care, in the case of injury resulting from participation in the program, is a matter between the participant and his/her health care provider, and that **Empower With Words** can not pay health care providers for treatment of any injuries. It is further agreed that the participant will assume all legal responsibility for their personal safety and actions while participating in the program and while traveling to and from the program activities.

Signed this _____ day of _____, 2019, and valid for one year from this date.

Signature of Parent/Guardian

Date

Print Name and Relation to Child

Date



Waiver and Permission to Transport Child

I give permission for _____(name) to be transported by **Empower With Words** on _____ (date) to _____(location). I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I have read, understand, and discussed with my child that:

- They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt while traveling;
- They are expected to respect each other, the vehicles they ride in, and the people they travel with during the trip;
- Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
- They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognized that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

Parent/Guardian Signature: _____

Date: _____



MINOR (CHILD) PHOTO RELEASE FORM

I, _____, the parent or legal guardian of
_____ [Child] grant **Empower With Words** my permission to
use the photographs described as

_____ [Describe Photographs] for any
legal use, including but not limited to: publicity, copyright purposes,
illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall
become payable to me by reason of such use.

Parent/Guardian's Signature: _____ **Date**

Parent/Guardian's Name:

Child's Name: _____

Phone Number: _____



Itinerary

Parent(s) will drop off and pick up students in the commuter lot off Prince William Parkway and Horner Road. Students are always welcome to meet at the University to join the tour.

Drop off time: 8:00am

Pick up time 4:30pm

8:30am-Leave commuter lot

10:00am-11:30am-Campus Tour at American University

12:30pm-2:00pm-Campus Tour at Catholic University

2:30pm-3:30pm-lunch

4:30pm-Pick up Time

Chaperones

Shantel Nock

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