

# CECAAL ECL Tours

P.O. Box 42406, Philadelphia, PA 19101

1-267-255-FIAT (3428)

cecaalcollegetour@gmail.com

## FORM A: STANDARD PARENTAL PERMISSION SLIP & YOUTH CONTRACT

This parental permission form pertains to the college tour, program or event named \_\_\_\_\_ organized and operated by either the Christian Education Coalition for African-American Leadership, Inc. (hereafter, CECAAL) or its affiliate the Education Coalition for Leadership (hereafter, ECL) of Philadelphia, PA. It is understood that the student may not be allowed to attend unless both sections are signed.

### \*PARENTAL PERMISSION: (for parent to complete)

I, (Name of parent/guardian ) \_\_\_\_\_ give parental permission for (Name of child/student ) \_\_\_\_\_ to attend the CECAAL/ECL event departing (city) \_\_\_\_\_ on (date) \_\_\_\_\_ and to return on (date) \_\_\_\_\_. Therefore, as of the date of this form, my signature will imply:

(A) I have **read every clause** below in this permission slip and am agreeable with its terms.

(B) Under penalty of perjury I am the **actual parent, legal guardian or have kinship care** of the child whose name is above.

(C) I understand that in the event of a **medical emergency** a reasonable and consistent effort will be made to contact me.

(D) I will **hold harmless** CECAAL and ECL, its affiliates and any hotel, school, college, university, business or bus company involved in this trip of legal or medical responsibility for injuries that can occur. This shall also protect the CECAAL and ECL board, members, agents, directors, officers, committee members, trustees, or affiliates harmless from any and all liability actions, demands, damages, expenses, cost, claims, and causes of action of any nature in respect to injury, including death, loss or damage to the child, guest(s) or personal property however caused as a result of or in any way related to your students attendance on the college tour.

(E) I do give permission for the staff of this program to **authorize emergency medical care** for my child and for nonviolent discipline.

(F) I understand that all payments are **non-refundable** once paid, no matter what the reason for cancellation.

(G) I understand that if my child is found in possession of or supporting the purchase of or cover-up of any **illegal or addictive substance** (legal or illegal), or harmful object (including drugs, nicotine, marijuana, alcohol, knife or firearm) he/she can be immediately expelled from the tour and placed under arrest by the local authority in the city and state where the substance or object was discovered. The parent will be notified. AFTER THIS POINT, it will be I (the parent or guardian's responsibility) to retrieve the child and to get them home. Or, I will reimburse CECAAL or ECL, Inc. within 90 days of the incident for the return of my misbehaved child.

(H) If your child is a **cigarette smoker** they may have restrictive privileges (or none at all depending on the trip), but this behavior must be known prior to the tour or they may be unable to do so.

(I) I understand that if my **child is disorderly** or found to be involved directly or indirectly with anyone associated with the behavior described in statement "G" above, he/she may be expelled or suspended immediately from the tour AT THE PARENT'S OR ORGANIZATION WHICH SENT THE CHILD EXPENSE. Or, I will reimburse CECAAL or ECL within 90 days of the incident for the return of my misbehaved child.

(J) I understand that this permission slip will **extend to any preliminary or debriefing** college tour events. Including future events which involve day or overnight travel for up to one year from the date of this form.

(K) I understand that if after reviewing the forms any parental or student **signatures or initials which are missing** or left blank can be corrected with the initials L.S. (*locus sigilli*) and initials of the senior leader on this (or a future) trip in your place if you are unable to correct the form in person and have given verifiable verbal permission to do so.

(L) I understand that in the absence of the parent or legal guardian the senior staff are **empowered to sign and act the place of the parent** fully (*in locus parentis*) to ensure that the child is safe at all times. Therefore, this clause gives all senior staff members the ability to act in the place of the absent parent in all ways which are legal; which includes power of attorney in health and educational matters if the parent cannot be reached in an emergency.

(M) I understand that my child will be responsible for their behavior and will **submit to the rules and leadership** structure established by CECAAL and ECL and their affiliates. As such, I understand and have explained to my child that he or she is expected to act in a positive and responsible manner and will not act unseemly or involve themselves in any activity which incites any physical or emotional altercations.

(N) I understand that I will be **held responsible for my child's behavior** and for any repayment of any damage to property or life caused directly or indirectly by my child within 90 days of the incident.

(O) I understand that I will not hold CECAAL, ECL, its affiliates, partners or any company or hotel we use responsible for any **property** of mine or my child's which is lost, stolen or damaged in any way on the college tour or any CECAAL or ECL event. This also includes those items which have sentimental value also.

(P) I understand that my child will be **in the accompaniment** of CECAAL or ECL staff dedicated to moral education through public service and personal virtue. CECAAL while faith based is NOT faith promoting. ECL is faith neutral. As such, the CECAAL staff will be respectful to all faith beliefs of any student, parent, or person approved to accompany the tour and will not discriminate regardless of the students religion or beliefs to the degree that the student is equally respectful of others beliefs.

(Q) I understand that CECAAL and ECL reserves the right to **inspect any personal items** of anyone (staff, student, or otherwise) on the trip, if there is a preceding suspicion or event which warrants such suspicion of one or more or even all persons attending.

(R) I hereby grant CECAAL and ECL permission to use my child's likeness in a photograph, a video, or their voice on audio, or other digital or taped reproduction in any and all of their publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of CECAAL and ECL and will not be returned. I hereby irrevocably authorize CECAAL and ECL to edit, alter, copy, exhibit, publish or distribute this photo, video or audio for purposes of **publicizing its programs** or for any other lawful purpose.

(S) I waive liability and assume all risk for my child to use specifically any **swimming pool, beach and recreational facilities** provided during the tour as agreed to sweepingly in the prior hold harmless agreement in clause "D" above. My child shall abide by all policies, procedures, and rules regarding any swimming pool, beach and any recreational facility we visit or use, including following rules given for outdoor and indoor tourist attractions and malls we may visit and during free time. Recreational staff will provide general oversight and supervision during all such activity.

(T) In the event of any dispute, claim, question, or disagreement arising from or relating to this agreement or the breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question, or disagreement. To this effect, they shall consult and **negotiate** with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties. If they do not reach such solution within a period of 60 days, then, upon notice by either party to the other, all disputes, claims, questions, or differences shall be finally settled by **arbitration** administered by the American Arbitration Association in accordance with the provisions of its Commercial Arbitration Rules.

**CIRCLE IF CHILD OR ADULT ATTENDING SMOKES**

**(Failure to check here may deny this activity during the trip and may be denied even if checked).**

Name of Parent/Guardian: \_\_\_\_\_

Full Address (& zipcode): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_ Parent's Pager: \_\_\_\_\_

Parents Email: \_\_\_\_\_

If parent cannot be reached in case of emergency who are two persons to contact. Give name, phone, & relationship:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Please list any medical conditions (medicine, allergies, etc.): \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_


# CECAAL ECL Tours

P.O. Box 42406, Philadelphia, PA 19101

1-267-255-FIAT (3428)

[cecaalcollegetour@gmail.com](mailto:cecaalcollegetour@gmail.com) [or] [ectours@gmail.com](mailto:ectours@gmail.com)

## \*YOUTH CONTRACT: (for student to complete)

I, (Student's name  \_\_\_\_\_) will follow and be dedicated to the criteria below:

(A) QUESTION: Do you the student named above **smoke nicotine cigarettes** (yes or no)? \_\_\_\_\_.

[If you choose "Yes" you still may be denied].

(B) I have **read fully** this entire permission form (including my parent's section) and understand my responsibilities which I will fulfill.

(C) I will **hold harmless** the Christian Education Coalition for African-American Leadership and ECL for injuries that can occur.

(D) I understand that if I am found in **possession of any illegal substance** or object (including drugs, alcohol, or firearm [even if indirect involvement]) I will be immediately expelled from the tour and placed under arrest by the local police authority. After my parent is notified, it will be up to my parent to get me home or to reimburse CECAAL and/or ECL for the expense within 90 days.

(E) I will **listen to all staff for safety and learning** and realize that if I am disorderly I may be expelled or suspended immediately from the tour at my parent's expense or to reimburse CECAAL and/or ECL for the expense within 90 days.

(F) I understand that I am **not on time for the tour/event** I can be penalized financially or delayed in my campus visitations.

(G) I will **read all materials** given before and during the trip and will attend all sessions provided.

(H) I understand that I will be in **the accompaniment** of a staff dedicated to Christian education through public service and moral virtue. CECAAL is faith based but not faith promoting. ECL is faith neutral. CECAAL and ECL will respect any faith or belief of the student to the degree that they can respect the beliefs of others.

(I) I understand that CECAAL and ECL reserves the right to **inspect any personal item** of anyone (staff, student, or otherwise) on the trip, if there is a preceding suspicion or event which warrants such suspicion of one or more or even all persons attending.

(J) I hereby grant CECAAL and ECL permission to use my likeness in a photograph, a video, or their voice on audio, or other digital or taped reproduction in any and all of their publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of CECAAL and ECL and will not be returned. I hereby irrevocably authorize CECAAL and ECL to edit, alter, copy, exhibit, publish or distribute this photo, video or audio for purposes of **publicizing its programs** or for any other lawful purpose.

(K) In the event of any dispute, claim, question, or disagreement arising from or relating to this agreement or the breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question, or disagreement. To this effect, they shall consult and **negotiate** with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties. If they do not reach such solution within a period of 60 days, then, upon notice by either party to the other, all disputes, claims, questions, or differences shall be finally settled by **arbitration** administered by the American Arbitration Association in accordance with the provisions of its Commercial Arbitration Rules.

(L) I will **submit to and comply with** the eight non-negotiable behavioral rules below:

(1) I WILL be treated as an ADULT until I perform as a child.

(2) I WILL be expected to PARTICIPATE in every activity or team task.

(3) I WILL be expected to give all adults and my peers RESPECT.

(4) I WILL be expected to carry myself as a POSITIVE individual. That is, I will not be allowed to curse, fight, or and use unseemly, rude, indecent, offensive or illegal behavior.

(5) I WILL be expected to abstain from all ILLEGAL DRUGS and WEAPONS\*, IMMORAL BEHAVIOR and ADDICTIVE SUBSTANCES.\*\*

(6) I WILL be expected to practice personal and public CLEANLINESS.

(7) I WILL be expected to DIALOGUE intelligently and ask pertinent QUESTIONS.

(8) I WILL be a LEADER not a complainer; a PROBLEM SOLVER not a problem maker.

\*Weapons include any firearm, explosive (including firecrackers), and martial arts equipment.

\*\*Addictive substances include alcohol consumption, marijuana and smoking. Some smokers may be given limited privileges if known prior to the trip and checked YES in clause "A" above.

Youth's/student signature \_\_\_\_\_ Date \_\_\_\_\_

# CECAAL ECL Tours

P.O. Box 42406, Philadelphia, PA 19101  
1-267-255-FIAT (3428) • Email: cecaalcollegetour@gmail.com  
Rev. Nelson E. Copeland, Jr., Founder, 1990

## FORM B: HEALTH FORM

This Health Form will be used only by the Health and Counseling tour staff to provide necessary health and mental health care while you are enrolled and travelling with CECAAL or ECL. In case of an emergency this form will be given to medical experts in order that they can get quick access to your medical history and to give you medical care. This information will not be released for anything else without your written consent. NOTE: The information below must be accurate, if not, in an emergency the student can get inadequate medical attention which can lead to additional harm, defect or death.

### [A] MEDICAL HISTORY (to be completed by student and parent)

Last Name (please print)	First Name	Middle Name	Social Security Number	
_____				
Home Address	City	State	Zipcode	Country
_____				
Birth Date	Gender	Home Phone	Parent Cell Phone	
_____				
Person To Notify In Case of an Emergency (Next of Kin)			Relationship of Next of Kin to Student	
_____				

### Health Insurance

Does the child have medical or travel insurance? YES\_\_\_\_\_ NO\_\_\_\_\_ (Complete Below)

\*\*If "YES" please give the Insurance Company & Policy # \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Policy Holder's Birthdate: \_\_\_\_\_  
Policy Holder's Employer \_\_\_\_\_ (ATTACH COPY OF INSURANCE CARD OR POLICY)

\*\*If "NO INSURANCE" All applicants must have insurance to attend a CECAAL or ECL trip or program, if not guardian must fill out bottom section: MEDICAL INSURANCE RISK.

**MEDICAL INSURANCE RISK** (*Only to be completed for registrants who have no medical insurance*).

LEGAL GUARDIAN: If your child named above has no medical insurance you must read, complete, and sign this section. Please initial each statement below (after reading it) which will verify that you have understood the legal implications of this section fully.

**PARENT INITIAL EACH STATEMENT BELOW**: Note: In the event that none or all below have not been initialed, (and the child has no medical insurance) the child cannot attend.

- \_\_\_ I understand that my child named on this form has no insurance for injuries that may occur as a result of this program.  
\_\_\_ I understand the Christian Education Coalition for African-American Leadership, Inc. (CECAAL) and ECL will let no child participate in its programs unless a parent or guardian fully accepts the legal and medical risks involved and will at no time hold CECAAL or ECL legally or medically responsible for injuries that can occur. Therefore, I completely understand and accept the legal and medical risks of placing my child in this program and will at no time sue this organization, its staff, or officers concerning this issue.  
\_\_\_ I am the truthful parent or guardian of the above mentioned child.

SIGNATURE of legal guardian \_\_\_\_\_

## Doctor's Information

Doctor's name, phone and address (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Permission for Treatment and Acknowledgement of Our Drug Policy

The CECAAL and ECL College Tour Programs has my permission to perform or authorize routine medical care and to make referrals to area specialists and medical services. Under certain circumstances, the student may be transported to an area hospital for diagnosis and treatment.

In the event of emergency medical care, every effort will be made to contact a parent or legal guardian.

This form must be signed by the student. If the student is a minor (under 18 years of age), this form must also be signed by the parent or legal guardian so that appropriate diagnosis and treatment may be promptly carried out. No major health services will be performed, except in an emergency, without a parent or legal guardian being contacted and fully informed if the student is a minor.

All legal medications and drugs must be listed on this form and their medical purpose. I understand that any medical item or drug brought without being listed may result in student being suspended from trip prematurely. ***CECAAL and ECL'S ILLEGAL DRUG POLICY:*** Any illegal substance may result in a trip suspension and/or an arrest in the city and state where the illegal substance was found. This will result for both the individual who was found in possession of the substance and any individual who is found an accomplice with the substance or the user. *Wherein we shall immediately forfeit any legal responsibility for the student. The parent will be notified of the city and state where their child was arrested and it will be the parents responsibility to determine how they will get their child home again.*

Student Signature

Date

Signature of Parent or Guardian (if student is a minor)

Relationship

Date

## [B] Family Health History

Have any of your immediate relatives (father, mother, siblings) ever had any of the following? Please specify.

	Relationship		Relationship		Relationship		Relationship
Allergies		Epilepsy		Tuberculosis		Anxiety	
Diabetes		Stroke		Bipolar		Death	
Stomach Disease		Depression		Cancer		Kidney Disease	
Eating Disorder		Blood Disorders		Hypertension		Drug Addiction	
Arthritis		Heart Disease		Alcoholism		Schizophrenia	

## [C] Personal Health History

### Hospitalization and Treatments

Have you ever been admitted to a hospital or residential treatment center for any surgical procedure, illness, infection, injury, or condition? Please state when, where, and what for each hospitalization.

Have you been treated for a psychological, psychiatric, substance abuse, or personal problem? Give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary**

Do you have a special diet (i.e., any foods you do not eat or must eat?) \_\_\_\_\_

**Allergies**

\_\_\_\_\_ No known allergies \_\_\_\_\_ Aspirin \_\_\_\_\_ Penicillin \_\_\_\_\_ Codeine \_\_\_\_\_ Sulfa \_\_\_\_\_

Other Drugs (please specify) \_\_\_\_\_

\_\_\_\_\_ Insect \_\_\_\_\_ Food \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**Medications**

Will you need to bring any medications (or asthma inhalers) on the trip? \_\_\_\_ YES \_\_\_\_ NO

\*If "YES" list the name of any medication that you will need to bring on the trip and what it is used for?

\*1. Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Used for: \_\_\_\_\_

\*2. Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Used for: \_\_\_\_\_

\*3. Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Used for: \_\_\_\_\_

\*4. Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Used for: \_\_\_\_\_

\*5. Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Used for: \_\_\_\_\_

\*Additional Information: \_\_\_\_\_

**Disability**

\_\_\_\_\_ None

Do you have an impairment that substantially limits a major life activity, or are you disabled in any way that requires you to receive special consideration from the College Tour? If so, please check the appropriate box and give specifics.

\_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Speech \_\_\_\_\_ Motor \_\_\_\_\_ Anatomical loss (please specify) \_\_\_\_\_

Please explain disability

\_\_\_\_\_ This information on disability will be shared with only the appropriate College Tour staff, as necessary.

**Medical History (check each item Yes or No)**

Yes No

\_\_\_\_\_ Allergies

\_\_\_\_\_ Anemia

\_\_\_\_\_ Asthma

\_\_\_\_\_ Bone/Joint disorder

\_\_\_\_\_ Breast disorder

\_\_\_\_\_ Cancer

\_\_\_\_\_ Chickenpox

\_\_\_\_\_ Circulatory problems

\_\_\_\_\_ Convulsions/Seizures

\_\_\_\_\_ Diabetes

Yes No

\_\_\_\_\_ Eating disorders

\_\_\_\_\_ Elevated cholesterol

\_\_\_\_\_ Emotional problems

\_\_\_\_\_ Fainting spells

\_\_\_\_\_ Frequent ear infections

\_\_\_\_\_ Frequent headaches

\_\_\_\_\_ Frequent throat infections

\_\_\_\_\_ Gastrointestinal problems

\_\_\_\_\_ Gynecological problems

\_\_\_\_\_ Heart disease

Yes No

\_\_\_\_\_ Hepatitis

\_\_\_\_\_ High blood pressure

\_\_\_\_\_ Kidney/Urinary problems

\_\_\_\_\_ Liver disease

\_\_\_\_\_ Mononucleosis

\_\_\_\_\_ Rheumatic Fever

\_\_\_\_\_ Sexually transmitted disease

\_\_\_\_\_ Smoker

\_\_\_\_\_ Substance abuse

\_\_\_\_\_ Alcohol abuse

REMARKS OR ADDITIONAL INFORMATION

I, \_\_\_\_\_, certify that the enclosed information I have provided

Signature Required

is truthful, accurate and complete to the best of my knowledge.

# CECAAL ECL Tours

P.O. Box 42406, Philadelphia, PA 19101 • 1-267-255-FIAT (3428)

## FORM C: ID TAG INFORMATION & SIGNATURE SHEET

**ATTACH HERE (unless attached to Quickie App)**

**A RECENT AND CLEAR HEAD AND SHOULDERS PHOTOGRAPH  
TO THIS PAGE OR EMAIL IN COLOR TO:**

**[ecltours@gmail.com](mailto:ecltours@gmail.com) [or] [cecaalcollegetour@yahoo.com](mailto:cecaalcollegetour@yahoo.com)**

### ID INFORMATION SHEET

(The information provided will go on the student's ID tag –  
Complete ALL Information Below – Any Health Issues will  
be Coded)

First Name: \_\_\_\_\_

Nicknames (if any): \_\_\_\_\_

Middle Name (even if you hate it): \_\_\_\_\_

Last Name: \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Apt/Suite# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zipcode: \_\_\_\_\_ Grade/Year \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child's Cell: \_\_\_\_\_

Parent's Cell (for Emergencies): \_\_\_\_\_

Birthdate (Month/Day/Year): \_\_\_\_\_

School: \_\_\_\_\_

Parent's Name (Student Lives With): \_\_\_\_\_  
\_\_\_\_\_

Health Issues, Allergies, Foods Cannot Eat: \_\_\_\_\_  
\_\_\_\_\_

**PARENT/GUARDIAN & STUDENT MUST  
SIGN BOTH BELOW:**

(These signatures will be put on your ID tag)

On the ID tag will be a similar Powers and In  
Locus Parentis Clause below. This signing below  
signify agreement with the clause and permission  
for your child to attend and our ability to act in the  
place of the parent temporarily.

### **Powers and *In locus parentis* Clause:**

The undersigned STUDENT or STAFF attends at the approval of  
their parent or guardian and CECAAL/ECL, Inc, which can be  
revoked. All ethical decisions by the tour leaders will be considered  
unimpeachable for all attendees internationally. Issues relating to  
the tour and students is the primary domain of CECAAL/ECL.  
However, CECAA/ECL, conditionally defers to High School A and  
Youth Program B those issues relating to students for this trip only.  
If an actual signature or an image of the parent and student's  
signature exists below or Parental Permission Slip or signed ID (for  
minors or unemancipated student adults) exist then general parental,  
legal, medical and disciplinary power is transferred for the duration  
of the trip to CECAAL/ECL *in locus parentis*. This power ends  
upon expulsion by the organization of the student or by revocation  
of the parent or guardian.

**SIGN HERE:**

Student Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

-----  
**SIGN AGAIN:**

Student Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_