



**BLACK MALE COLLEGE EXPLORERS PROGRAM  
STUDENT APPLICATION**

**PLEASE PRINT ALL INFORMATION  
STUDENTS MUST HAVE A VALID SOCIAL SECURITY NUMBER**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_

**STUDENT ECONOMIC CRITERIA**

Did student receive free or reduce lunch for the school term? Yes \_\_\_\_ No \_\_\_\_

**MEDICAL RELEASE**

On rare occasions an emergency requiring treatment develops. In the State of Florida, parental consent is required if the person is under the age of 18. In order to prevent a dangerous delay in case of an emergency, and we are unable to contact the parent or guardian, we need you to complete the information listed below:

Student: \_\_\_\_\_ Name of Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Medical History (if any) \_\_\_\_\_

\_\_\_\_\_

In case of an **EMERGENCY**, please contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ (H) \_\_\_\_\_ (cell)

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



**BLACK MALE COLLEGE EXPLORERS PROGRAM  
Parent Note of Permission**

In order for my son to receive the best possible educational enhancement experiences in the Black Male College Explorers Program at Edward Waters College, I am granting permission for Mr. Victor D. Chrispin Jr. (Director) to receive copies of all his records and have conferences with his teachers and counselors.

\_\_\_\_\_  
Son's Name

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Print Name of Parent

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

**BLACK MALE COLLEGE EXPLORERS PROGRAM  
STUDENT ACKNOWLEDGE AND RELEASE**

The Releasor, in consideration for being permitted to participate in extracurricular activities with Edward Waters College, Inc. (the college), and for himself/herself and his/her personal representatives, heirs and next of kin, releases, discharges and covenants not to sue The College, its officers, directors, students, employees, or any related entities, about or from liability for loss or damage on account of death or injury to person or property in connection with such extracurricular activities.

Releasor assumes full responsibility for any risk of death, bodily injury or property damage while participating in such activities. Releasor agrees that this Release is intended to be as broad as permitted by the laws of the State of Florida, and that if any portion of the release is held invalid; the balance shall remain in full force and effect. Releasor further states that he/she has carefully read this release and fully understands its contents.

Dated: \_\_\_\_\_

Name of Student: \_\_\_\_\_

If student is under the age of 18 (eighteen), then the student's legal guardian must sign below acknowledge his/her agreement to the terms of this Acknowledgement and Release.



**Medical Consent Form**

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_.

By my signature below, grant authority to the staff of the Black Male College Explorers Program to refer my child preventive, corrective, routine, and emergency medical and dental care as needed during the period he is associated with the program.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

List any current prescribed Medication:  
\_\_\_\_\_

Does the student have any existing medical conditions of which we should be aware of?  
\_\_\_ Yes \_\_\_ No. (If yes Please describe below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo/Videography Consent**

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the course of the program for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

\_\_\_ Yes, I give consent for BMCEP to photographed/video graphed my child  
. \_\_\_ No, I do not authorize BMCEP to photographed/video graphed for my child for any event.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_

**Counselling Sessions Consent**

I \_\_\_\_\_ parent/legal guardian grant permission for the above named child to participate in individual or group counseling sessions I understand that the information disclosed in these sessions is privileged and may only be released to me with the written consent of my child.



**Black Male College Explorers Program**  
**Parent Contact Information**

**Primary Contact Information**

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Secondary Contact Information**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation to Student: \_\_\_\_\_