



College Ministry

4850 Blagden Avenue, NW
Washington, DC 20011-3716
Rev. Keith W. Byrd, Sr., Pastor



ZION BAPTIST CHURCH 2017 COLLEGE PROCESS BOOT CAMP APPLICATION

Greetings High School Students Class of 2018 and Class of 2019:

The College Ministry at Zion Baptist Church salutes you on your pursuit of excellence and prays for your continued success! Following is the application package for the 2017 College Process Boot Camp **for rising high school juniors and seniors** (i.e., the Classes of 2018 and 2019), which will be held as follows:

- Sunday, June 25th, 2:00 p.m. to 4:30 p.m.: Brunch and Opening Program
- Monday, June 26th – Friday, June 30th, from 8:30 a.m. to 4:30 p.m.: Sessions

The sessions build upon themselves; thus, **it is extremely important that you attend all sessions** (i.e., it will not be possible for you to leave early or arrive late for other activities.) Zion Baptist Church underwrites a significant percentage of the costs associated with the Boot Camp, which covers all sessions, breakfast, lunch, and transportation to and from college visits for up to 40 students. Accordingly, the \$100 application fee is a signal of your commitment to attending all sessions on time. Unless the Camp is full when you apply, **the \$100 fee is non-refundable**. Fee waivers, in part or in full, are available for students with demonstrated financial need.

INSTRUCTIONS:

1. There is a one page application and a two page permission slip. All information is required. Please print clearly or type all information requested on all three pages and sign where indicated. **Incomplete applications will not be accepted.**
2. Mail your completed application and non-refundable \$100 check or money order made **payable to Zion Baptist Church** to reserve your space in the Boot Camp to: Zion Baptist Church College Ministry; 4850 Blagden Avenue, NW; Washington, DC 20011.
3. To request a complete or partial fee waiver, email CollegeMinistry@zionbaptistchurch.net with an explanation of the basis for your request. Questions regarding the Boot Camp also may be sent to this email address.
4. **The application period closes on Friday, April 28, 2017, or when the camp is full, whichever comes first. We encourage you to apply early.**



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2017 COLLEGE PROCESS BOOT CAMP APPLICATION

STUDENT'S NAME: _____
Last First Middle

HOME ADDRESS: _____
Number and Street Apartment No. if applicable

City State Zip Code

STUDENT'S E-MAIL: _____

HIGH SCHOOL: _____ CITY/STATE _____

I AM A RISING SENIOR _____ JUNIOR _____ STUDENT'S CELL PHONE: () _____

PARENT'S/GUARDIAN'S NAME: _____

ADDRESS: _____
Number and Street Apartment No. if applicable

City State Zip Code

PARENT'S E-MAIL: _____

HOME PHONE: () _____ PARENT'S CELL PHONE: () _____

I agree to participate **on time** in all of the sessions to include Sunday, June 25, 2017 from 2:00-4:30 p.m. and the 8:30 a.m. to 4:30 p.m. sessions Monday through Friday, June 26-30, 2017:

STUDENT'S SIGNATURE: _____ DATE _____

I agree to support my child's participation in all of the sessions to include Sunday afternoon, June 25th and the 8:30 a.m. to 4:30 p.m. sessions Monday through Friday, June 26-30, 2017:

PARENT'S SIGNATURE: _____ DATE _____



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2017 BOOT CAMP STUDENT PERMISSION SLIP

This permission slip covers all activities for {student}, _____, to attend all Zion Baptist Church Boot Camp activities beginning Sunday, June 25, 2017 through Friday, June 30, 2017, which includes activities on site at the Church, as well as field trips via chartered bus to Howard University, the University of Maryland, and Georgetown University.

Student Responsibility: I, _____, agree that I will conduct myself during all Boot Camp activities in a way that would be pleasing to the Lord and a positive representation of my family and Zion Baptist Church.

Parental Responsibility: I, _____, as parent or guardian of the above named participant, give permission for my child to engage in all Boot Camp activities. I understand the scope of the Boot Camp, the mode of transportation, the leadership accompanying the group and all other circumstances relating to this activity. I certify that my child is in good health and can participate in all normal activities of the group, except as noted on the second page. I understand that reasonable measures will be taken to safeguard the health and safety of the group, and that I will be notified as soon as possible in case of an emergency. However, in the event of sickness or accident, I will not hold the group sponsor(s) nor Zion Baptist Church responsible and authorize the calling in of a doctor and/or the providing of other necessary medical services, including having my child taken to the nearest available hospital emergency room. I agree to pay for all medical services provided to my child.

I have read the above statements and understand the information contained therein.

Student's Signature: _____

Parent's Signature: _____

Student's Cell Phone: _____

Parent's Day Phone: _____

Parent's Cell Phone: _____

Parent's Email: _____

Name and phone of alternate contact person in case parent cannot be reached in the event of an emergency:

Name: _____ Phone () _____ Cell() _____



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CONSENT FOR EMERGENCY MEDICAL TREATMENT OF A MINOR

Please CLEARLY PRINT all information except where a signature is requested

Name of Minor: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Name of Parent/Guardian: _____

Day Phone: (____) _____ Cell Phone: (____) _____

Does the minor have any health challenges, limitations, allergies or other conditions? Yes ____ No ____

If yes, please describe: _____

Does the above restrict any activities? Yes ____ No ____ If yes, to what extent? _____

Is the minor taking any medication? Yes ____ No ____ If yes, please list below (use additional pages, as needed)

Name of Medication	Reason for Taking	Amount and Frequency

Name of Health Insurance Co. _____ ID No. _____

Name of Primary Insurer: _____

Primary Care Physician's Name: _____ Phone: (____) _____

In the event of a serious emergency, I authorize the calling in of a doctor and/or the providing of other necessary medical services, including having my child taken to the nearest available hospital emergency room. I agree to be responsible for any charges incurred. ***I understand the above statements, and I agree to the information contained therein.***

Signature of Parent/Guardian: _____

Date: _____