



COLLEGE BOUND ARKANSAS STUDENT REGISTRATION FORM June 10-12, 2015

College Bound Arkansas registration is limited (30). Applicants will be accepted on a first come, first served basis. **Priority registration will be given to first time attendees.** The cost to attend is \$95.00 per student. Registration deadline is May 1, 2015. For further information contact Carrie Tuttle at (501) 505-8855 or e-mail ctuttle@conwaycorp.net.

Personal Information:

Student's Name: _____ Gender: Male ___ Female ___

Address: _____ Town/City: _____

County: _____ State: _____ Zip Code: _____

Phone (h): _____ Grade for Fall 2015: ___ HS Jr.; ___ HS Sr.; ___ Entering College Fr.

College Bound Attendance: ___ 1st Year ___ 2nd Year ___ 3rd Year

Student's email address: **(REQUIRED)** _____

T-Shirt size: ___ Small; ___ Medium; ___ Large; ___ X-Large; ___ XX-Large; ___ XXX-Large; ___ Other _____

Statistical Information:

Ethnic Group: ___ Black; ___ Caucasian; ___ Hispanic; ___ Asian: ___ Native American/Islander

Disability Category(s):

<input type="checkbox"/> ADD	<input type="checkbox"/> Vision	<input type="checkbox"/> Medical	<input type="checkbox"/> Deaf/Hard of Hearing
<input type="checkbox"/> LD	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Speech	<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Autism	<input type="checkbox"/> Mobility	<input type="checkbox"/> Brain Trauma	<input type="checkbox"/> Tourette's Syndrome
<input type="checkbox"/> Other _____			

Special Dietary Needs: _____

Requested Accommodations needed for College Bound Arkansas _____

Feel free to use an additional page to add information about student or parent needs that would be helpful to our staff with regard to your College Bound Arkansas Experience.

For verification purposes, please have your guidance counselor, special education teacher, or 504 Coordinator sign this form:

Above student has an ___ IEP; ___ 504 Plan; ___ Other: _____

High School: _____ Phone: _____

Signature: _____ Email: _____

Activity, Medical, and Liability Release Statement:

(Student) _____ has my/our permission to participate in College Bound Arkansas on June 10-12, 2015. I/We acknowledge that this includes workshops, team activities, two nights in a residence hall with meals in a dining facility, and traveling between buildings (possibly by bus). I/We further acknowledge that in the event of medical intervention, every attempt by staff will be made to contact us immediately. If I/We cannot be reached, my/our consent is given for medical treatment.

I/We hereby release College Bound Arkansas Program, Arkansas Transition Services, the University of Central Arkansas, and the Arkansas Department of Education, Special Education Unit, and Arkansas Transition Services staff; and all program employees from claims on account of any injuries which may be sustained by my/our child. Furthermore, I/We certify that within the past year my child has had a physical examination and is physically able to participate in the activities at College Bound.

Parent's or Guardian's Signature _____ Date: _____

Student's Signature (If 18 years old) _____ Date: _____

Name of parent(s): _____;

Address (if different from students): _____

Email address: _____; Phone (c): _____

Phone (h): _____; Phone (w): _____

College Bound Arkansas Student Behavior Contract

I understand that:

1. I will respect the authority of the College Bound Arkansas leaders and staff.
2. I will show respect for the other College Bound Arkansas attendees.
3. I will refrain from the use of inappropriate language and aggressive behavior.
4. I will participate in and be on time for all group activities.
5. I will remain on campus throughout the program and stay in my assigned room at night.
6. As a university and College Bound Arkansas guest, I will adhere to all university and College Bound Arkansas rules and regulations.
7. I will notify my team leaders if for any reason I have a need to leave campus or be out of the residence hall after 10:00 p.m. Team leaders will notify College Bound Arkansas Staff and possibly my parents for permission to do so.
8. I (or my parents) am responsible for transporting me and any luggage to and from the residence hall.

My parents and I have read this contract and agree to abide by the rules within. We also acknowledge that if I have to return home early for violation of any of the above rules, it will be at my own expense and I will not be refunded my registration fee.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Transportation:

Please list how the student will be transported to College Bound Arkansas 2015. List a name and contact number for the person(s) providing the transportation. Drop-off will be from 10:00a.m. – 11:45a.m. Wednesday, June 10, 2015. Pick-up will be Friday, June 12, 2015 from 2:00p.m. - 3:00p.m.

Photo/Video Release

As a participant in College Bound, I understand that videos and photographs will be taken. By signing this form, I give Arkansas Transition Services, the University of Central Arkansas and the Arkansas Department of Education, Special Education Unit the absolute right and permission to use my photograph in promotional materials and publicity efforts. I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media, or other form of promotion. I release Arkansas Transition Services, the University of Central Arkansas, Arkansas Department of Education, Special Education Unit, the photographer, their offices, employees, agents, and any designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

My agreement to this photo release is voluntary. I understand that I may revoke permission at any time. Upon such notification, Arkansas Transition Services, the University of Central Arkansas and the Arkansas Department of Education, Special Education Unit agrees to destroy any visual media that has my image.

Student's Signature _____ Date _____
Printed Name _____
Witness _____

Signature of Parent or Guardian (if under 18) – I am the guardian of the minor named above. I have read the release and grant Arkansas Transition Services, the University of Central Arkansas and the Arkansas Department of Education, Special Education Unit permission to photograph my son/daughter.

Parent/Guardian _____ Date _____

Make check payable to: Great Rivers Educational Cooperative

Mail registration and check to:

Educational Consultant Center
Attn. Carrie Tuttle
950 Hogan Lane, Suite 9
Conway, AR 72034

Upon receipt of your registration form you will be sent a confirmation email letting you know that we have received it and that no additional information is needed.

An information packet including medical release forms, directions and a list of items to bring with you to College Bound Arkansas will be sent to registrants in June.



COLLEGE BOUND ARKANSAS PARENT REGISTRATION FORM
June 10-12, 2015

(Space is limited and slots will be filled on a first come first served basis)

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Child's name: _____

(Parents may attend College Bound Arkansas one time without their child)

_____ I/We will be attending College Bound but not staying on campus.

Limit 2 adults per student.

(This includes 3 catered lunches and snacks at College Bound Arkansas)

I/We have made lodging plans. For emergency purposes, we are staying at _____

_____ Phone: _____ during CB.

Limit 2 adults per student.

_____ I/We want to stay on campus. We will need a _____ Single room _____ Double room

All rooms are suites with private bedrooms and a shared living/bathroom area.

Limit 2 adults per student.

(This includes 2 nights in the dorm, 3 catered lunches, 2 breakfasts and 2 dinners in the cafeteria and snacks at College Bound Arkansas)

_____ I/We will be attending the Friday luncheon and Closing event. **Limit 2 adults per student.**

Request for accommodation: _____

Parent Agreement:

I will adhere to the CBA policy of no parent visitation on the student floors (unless there is an emergency or arranged with Carrie Tuttle). I acknowledge students could lose points for their team if I do not adhere to this policy.

I will participate in the sessions of the parent track, but agree that if I chose not to attend, I must return to Farris Hall or off campus, so there is no distraction to student group activities.

Parent Signature

Date



**COLLEGE BOUND ARKANSAS PROFESSIONAL REGISTRATION FORM
June 10-12, 2015**

(Space is limited and slots will be filled on a first come first served basis)

Name(s): _____

Address: _____

Phone: _____ E-mail: _____

Student's name: _____

_____ I/We will be attending College Bound but not staying on campus (\$25.00 per person)
(Twenty-five dollar registration fee covers 3 catered lunches and snacks)

I have made lodging plans. For emergency purposes, I/We will be staying at _____

_____ Phone: _____ during CB.

_____ I/We want to stay on campus, enclosed is my/our check. (100.00 single & 150.00 double)
Please indicate if you will be attending with a co-worker. All rooms are suites with private bedrooms
and a shared living/bathroom area.

*(One hundred/one hundred fifty dollar registration fee covers 2 nights in the dorm, 3 catered lunches, 2
breakfasts and 2 dinners in the cafeteria and snacks at College Bound Arkansas)*

Request for accommodation: _____

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