

03/13/2017

Tampa Bay Academy of Hope

# Spring Break 2017

Students are invited to participate in this year's Spring Break College tour, 5 1/2 days of fun and educational activities from Florida to Tennessee. We will begin our tour on Monday, March 13th departing from TBAH offices at 6AM. Students will have the opportunity to see several different colleges such as University of Florida, Tuskegee University, Alabama A&M, Fisk, and Meharry Medical School. We will pay a visit to Selma, Alabama. Students will visit the Edmund Pettus Bridge famous for bloody Sunday, the National Voting Rights Museum, as well as many other enriching and educational hotspots. We will leave from Tampa 6 a.m. Monday morning and arrive back Saturday evening.

**Students must complete a permission slip and have an application on file to attend/participate. If you have any questions, please contact us at (813) 620-4029 or email [dwilliams@tampahope.org](mailto:dwilliams@tampahope.org).**

*We will leave from the TBAH administrative offices promptly at 6:00 AM to check in. You should have your student there by 5:00AM for check-in.*

## **Spring Break 2017**

Tampa Bay Academy of Hope

5118 N. 56th St Suite 230  
Tampa, FL 33610

Phone: 813-620-4029  
Email: [tlamb@tampahope.org](mailto:tlamb@tampahope.org)

*The cost of the trip is \$150 and includes transportation, hotel/ lodging, admission to all theme parks and attractions. Students will be given the opportunity to raise at least half of the cost if not more, there are very limited scholarships available.*



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# Tampa Bay Academy of Hope, Inc.

*"Focusing on the Strengths of our Youth"*

5118 N 56<sup>th</sup> Street, Ste. 230 • Tampa, Florida 33610-5400 • Phone: (813) 620-4029 • Fax: (813) 620-4225 • www.tampahope.org

December 21, 2016

Dear Parent(s) or Guardian(s),

On behalf of Tampa Bay Academy of Hope students have been invited to participate in the 2017 Spring Break College & History Tour, March 13<sup>th</sup> – 18<sup>th</sup>, 2016. The Spring Break Tour starts in Florida and covers three states including, Alabama, Florida, Georgia, and Tennessee. We are inviting 50 students to tour several HBCUs and other universities. We will tour the historic Tuskegee University, Alabama State University, Selma University, Alabama A&M University, Fisk University, Meharry Medical College, and Tennessee State University. Students will visit the Great Smoky Mountains where we will white water rafting, hiking, and visit other culturally enriched sites. Students will learn and have fun for a full five days.

The cost of the trip is \$150. TBAH has arranged for students to participate in a fundraiser to further defray the cost. Students can sell Krispy Kreme donuts and further lower their cost. For instance, **if a student sells 20 boxes of donuts that will lower their cost by \$60, leaving the student to only have to pay \$90 for their trip.** The price includes transportation, hotels/lodgings, breakfast, rafting fees and entrance to all activities. If there are any additional questions or concerns regarding this trip, please give us a call. **We will also have a parent meeting regarding this trip on Tuesday, January 17<sup>th</sup> at 5:30PM and on Saturday, January 14<sup>th</sup>, 2017 at Tampa Bay Academy of Hope located at 5118 N 56<sup>th</sup> Street, Suite 230 Tampa FL 33610.**

We require:

- Completed permission forms with a parent or guardian signature,
- Emergency contact form, and
- Completed authorization forms.

You must submit these forms to our office, no later than January 31<sup>st</sup>, 2017 by email at [info@tampahope.org](mailto:info@tampahope.org), by fax at (813) 620-4225 or by mail to 5118 N 56<sup>th</sup> Street, Suite 230, Tampa, FL 33610. All monies are due no later than February 24<sup>th</sup>, 2017. Parents may make a payment plan to ensure all monies are in on time.

If you have any questions regarding this please feel free to contact Shirley Watts, Quentin Davis, Rollin George, and/or Danielle Williams at (813) 620-4029.

Sincerely,  
*Titania A. Lamb*  
Titania A. Lamb  
Executive Director



COLLEGE TOUR TRIP PARENTAL PERMISSION

**Student Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Student Cell #:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

**Student Social Media i.e. FB, Twitter, Instagram** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Parent Home #** \_\_\_\_\_ **Parent Cell#** \_\_\_\_\_

I give permission for my youth (named above) to attend the Spring Break College Tour 2017 from March 13<sup>th</sup> through March 18<sup>th</sup> traveling to Alabama, Georgia, and Tennessee. I further give permission for my youth to be transported to and from the event by charter bus authorized by Tampa Bay Academy of Hope as outlined in the Transportation Policy. I also give permission for my youth to participate in all activities on the field trip.

**Photo Release**

I recognize that the TBAH uses photographs and video images of events in newsletter publications and grant reports including websites and newsletters. I hereby grant permission for photo/video images of my youth to be taken and used for such purposes.

**Activity Release**

I further give permission for my youth to participate in all supervised activities:

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**                      **Printed Name of Parent or Guardian**                      **Date**

Emergency Contact Information

Names of person and telephone numbers to call in case of emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/ Alternate Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/ Alternate Phone: \_\_\_\_\_



**Tampa Bay Academy of Hope  
Permission Form Waiver**

I \_\_\_\_\_, the parent of \_\_\_\_\_ (“my child”), give permission for my child to attend the 2017 Spring Break College & Exposure Activity Tour.

I understand that personal injury can and may occur to my child, and I hereby authorize **Shirley Watts**, or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **Tampa Bay Academy of Hope**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from any and all events of the 2017 Spring Break College & Exposure Activity Tour. I understand that my youth will participate in theme park activities and other tour activities at their own risk.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

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

I give permission for my child to ride in any vehicle designated by **Tampa Bay Academy of Hope**, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **Tampa Bay Academy of Hope**, properties visited on outing, other’s personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.



\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Emergency Contact Name and Phone Number for the Day of the Trip)



## Tampa Bay Academy of Hope College Tour Permission Form

I request that **Tampa Bay Academy of Hope** allow my son/daughter

\_\_\_\_\_ to participate in the following college tours:

Check all that apply:

- \_\_\_ **March 11 – University of Florida**  
(You must register by January 31<sup>st</sup>, 2017)
- \_\_\_ **March 13 – Tuskegee University**  
(You must register by January 31<sup>st</sup>, 2017)
- \_\_\_ **March 14 – Alabama A& M University**  
(You must register by January 31<sup>st</sup>, 2017)
- \_\_\_ **March 15 – Fisk University**  
(You must register by January 31<sup>st</sup>, 2017)

I give permission for him or her to take part in all activities associated with the trip.

I understand that students will tour the college campuses and learn about programs, facilities and admissions factors. The educational purpose of this trip is to give students an opportunity to see and learn about college campuses and programs so as to make informed decisions about their college options.

I further understand that transportation will be provided by TBAH. The trip will be chaperoned by TBAH Case Managers and Counselors. I also understand that students must wear a collared shirt, khakis, and a belt, along with closed toed shoes.

Cost for the trip is \$150. I understand that I may make a payment arrangement to have all fees paid no later than February 24<sup>th</sup>, 2017.

In consideration for my child’s participation in this activity I agree to hold blameless Tampa Bay Academy of Hope and its faculty and staff for any accident or injury which may occur during this trip. I also understand and agree that all TBAH rules are in force for the duration of the trip.

SIGNATURE OF PARENT(S): \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER(S) \_\_\_\_\_

\_\_\_\_\_



Hillsborough County PUBLIC SCHOOLS

Excellence in Education

AUTHORIZATION FOR RELEASE, INSPECTION, OR RECEIPT OF RECORDS

Hillsborough County Public Schools is hereby authorized to:

- Release or Copy Records
- Receive Records
- Permit the inspection of listed records/information

Regarding:

Name of Student

Date of Birth

Parent/Guardian

To/From/By:

Medical Provider or Agency Name

Address

PLEASE CHECK THE APPLICABLE RECORDS THAT ARE TO BE RELEASED/COPIED/INSPECTED:

- Psychological Evaluations/Reports
- Diagnostic Screenings/Reports/Records
- Social/Developmental History Reports
- Attendance Records
- Other
- Health/Medical/Birth Reports/Records
- Educational/Academic Reports/Records
- Standardized Test Data
- Psychiatric Reports

PLEASE SEND/RELEASE INFORMATION TO:

Name of Individual or Agency

Address

Phone

City

State

ZIP

THIS RELEASE SHALL BE EFFECTIVE 365 DAYS FROM THE DATE OF SIGNING

IMPORTANT - PLEASE NOTE

The person or agency receiving these records must not transfer the information obtained in any other person or agency without obtaining the written consent of the parent or legal guardian, or the student if eighteen years of age or older, or as otherwise allowed or provided by law.

Pursuant to Public Law 93-380, you, the parent / guardian, are hereby notified that you have the right to inspect educational records, to have a copy of said records if you wish to pay the cost of duplication, and to challenge the content of said records on the grounds that they may be inaccurate, misleading or inappropriate.

PLEASE CHECK ONE OF THE FOLLOWING:

I certify that I am age eighteen or older and I am the person who is the subject matter of the records listed above.

I certify that I am the parent or legal guardian of the person who is the subject matter of the records listed above, and that said person is under the age of eighteen. I understand that the information and/or reports that are shared with the school may become part of the student's record. Furthermore, school records are subjected to the regulations imposed by the Family Education Rights and Privacy Act of 1974 (PL 94-142) (Statute: 20 U.S.C. § 1227(g) Regulations: 34 CFR Part 99). Those records used to make educational decisions about students are subject to review by the parents/guardians and students 18 years of age or older.

(Signature of Parent/Guardian or Student 18 years of age or older)

(Date Signed)

FOR OFFICE USE ONLY

Sent By \_\_\_\_\_ Date \_\_\_\_\_ (Site)

Phone \_\_\_\_\_ Initial \_\_\_\_\_

3B 90725 Rev. 7/2011  
Distribution: Cumulative Folder