***SAT/ACT VIRTUAL BOOT CAMP***

***$20 Per Student for first 100 Student THAT REGISTERS***

 ***Carla Dickerson - SCHOLARSHIP LADY USA***

 

***HELP GET THE WORD OUT TO YOUR CIRCLE OF INFLUENCE AND* TO OTHER YOUTH GROUPS**

* **SATURDAY, AUGUST 14, 2021 @ (2 p.m. to 4 p.m.)**
* **SUNDAY, AUGUST 15, 2021 @ (2 p.m. to 4 p.m.)**
* **MONDAY, AUGUST 16 @ 6 p.m. to 8 p.m.**

 **This youth initiative is being underwritten. The cost for a student to attend all 3 days is $20.**

**Register Online at—**[**www.ucfinc.org**](http://www.ucfinc.org) **(Pay Pal - Use Friends and Family to avoid fees)**

**and Cash App ($DandMWilliams )**

 ***Goal: 100 Students***

**For additional information, contact—
*Donald Williams* (301-641-7261 or** **aimhighinlife@aol.com****)**

(thescholarshipladydc.com)

 ***For Middle AND High School Students***

 

Register NOW for SAT/ACT Boot Camp

|  |
| --- |
|  |
| SAT/ACT Sessions will equip students with an easy and clearer understanding of test taking strategies. You can register on line at [www.ucfinc.org](http://www.ucfinc.org) or mail check to following address: 20203 Goshen Road, Gaithersburg, MD 20879. (Make check payable to UCF) We anticipate an increase number of students to register so please register early to reserve seating. Let me know if you need assistance to ensure your student is in attendance. We desire to help you improve SAT/ACT Test Score and after the camp we will call you to follow-up with next steps! |
|  |

**CURRENT Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, City:\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Have you taken the Exam before? \_\_\_\_\_\_\_\_\_**

**If so, what was the Date of the Exam\_\_\_\_\_\_\_\_\_ and the Score:**\_\_\_\_\_\_\_\_\_\_\_\_

When are you scheduled to take the SAT/ACT Exam?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You will receive a phone call asking you to provide test score.

**Parent/Guardian Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

SAT Test Dates for 2021: Test Date – August 28; Oct 2; Nov 6, and Dec 4

ACT Test Dates for 2021: Test Date – Sept 11; Oct 23; and Dec 11

 **UCF Youth Development Organization**

Parental Consent and Waiver of Liability Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (“my child”), consent for my child to participate in all activities sponsored and/or coordinated by Unity Christian Fellowship, Inc. (hereinafter referred to as “UCF-sponsored activities”). My contact information follows: Phone Number\_\_\_\_\_\_\_\_\_\_ and email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Medical Treatment**

My child is in good health, and I know of no reason why he/she would be incapable of participating in all UCF-sponsored activities. I will immediately notify Unity Christian Fellowship, Inc. (hereinafter referred to as “UCF”) in writing, if a change in my child’s health or other condition would affect my child’s ability to participate in UCF-sponsored activities.

I authorize UCF to act on my child’s behalf should I be unable to do so and consent to all medical treatment which UCF deems necessary for my child’s medical well-being in emergency circumstances arising during UCF-sponsored activities.

I hereby release UCF, its owners, directors, officers, employees, agents, teaming partners, coaches and independent contractors from any and all damages, liability, or costs resulting from the authorizing of medical treatment. I further hold UCF, its owners, directors, officers, employees, agents, teaming partners, and independent contractors harmless and agree to indemnify UCF from any and all costs, damages, or expenses incurred by UCF as a result of any claim or action filed by any party alleging damages incurred and as a result of any medical treatment provided or authorized.

**Assumption of Risk**

I understand and acknowledge that there are certain risks associated with participation by my child in UCF-sponsored activities, and I agree to assume the full risk of any bodily injury, personal injury, illness, death, or property damage that may result from my child’s participation, in any manner, in UCF-sponsored activities.

**Release and Waiver of Liability**

I release, waive and hold harmless UCF, its owners, directors, officers, employees, agents, teaming partners, coaches and independent contractors (hereinafter referred to as “released parties”), from any liability or claim resulting from any bodily injury, personal injury, illness, death, or property damage that my child may incur as a result of participating in UCF-sponsored activities. I also agree to indemnify, hold harmless and defend UCF and all released parties against any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs that may arise from, or as the result of, the conduct of my child in connection with UCF-sponsored activities.

**Consent to Use Photograph and Video Images of Child**

I grant full permission and rights to use, without compensation, photographic and/or video images taken of, or quotations provided by, my child relating to his/her participation in UCF-sponsored activities in brochures, websites, advertisements, and other marketing materials for UCF.

I have read and understand the above Parental Consent and Waiver of Liability Agreement. I understand that UCF does not and cannot provide insurance or protection against injuries sustained by my child, and I fully accept the risk of injury that may be associated with participation in UCF-sponsored activities. I also understand and agree that this document is valid in and of itself as a waiver and release of liability and discharges any and all claims of liability that may arise from my child’s participation in UCF-sponsored activities. This Agreement is governed by Maryland law, and any provision that may be held invalid by a court shall not affect the enforceability of the remainder of the Agreement.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASED PARTIES, AND I SIGN IT OF MY OWN FREE WILL.**

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

Date Signature of Parent/Guardian