Youth Initiatives Application

Dear Parents/Guardians:

The Athens Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated would like to extend an invitation to your son and/or daughter to participate in one of our three youth initiatives:

- Delta Academy (for middle school young ladies ages 11 – 14)
- Delta GEMS (for high school young ladies ages 14 – 18)
- EMBODI (for young men ages 11 – 18)

If you would like for your son and/or daughter to become a part of one of our programs, please visit our website at www.athensdeltasigmatheta.com to learn more about each program and/or to download the application. While the application may be lengthy, it is for your child's protection. Therefore we ask that all applications be complete with all requested information and signatures.

Applications can be mailed to the following address or returned to any member of the Athens Alumnae Chapter:

Athens Alumnae Chapter Delta Sigma Theta Sorority, Inc.
Attention: Educational Development Committee
P.O. Box 7967
Athens, Ga 30604

We look forward to a great year!

Shatana Williams
President, Athens Alumnae

STUDENT APPLICATION FORM

Program of Interest: Delta Academy ☐ Delta GEMS ☐ EMBODI ☐

Student Name: _____ Age: _____

Current Grade: _____ Check One: Female ☐ Male ☐

Address:

_____

City, State, Zip:

_____

Home Phone: _____ Cell Phone: _____

Email address:

_____

School Name (Please give FULL name not abbreviation or acronym):

_____

City: _____ County: _____

Extra-Curricular Activities:

_____

_____

What do you want to gain from participating in either Delta Academy, Delta GEMS, or EMBODI Program?

_____

_____

_____

Signed: _____ Date: _____

(Student's signature)

PARENT/GUARDIAN INFORMATION FORM

Parent/Guardian #1

Name:
_____

Address:
_____

City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Parent/Guardian #2

Name:
_____

Address:
_____

City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Emergency Contact (if parent/guardian is not available)

Name:
_____

Address:
_____

City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Parental Consent Form

I _____, parent/guardian, hereby give permission to the Athens Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for _____ to participate in the Educational Development Youth Initiatives (including all planned activities) and I hereby attest, under penalty of perjury, that I have the legal authority to authorize such participation.

I also waive, release, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated ("DST"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns from any and all claims, demands, and actions of any and every kind directly or indirectly arising out of, or relating in any respect to my minor child's participation in Educational Development Youth Initiatives.

I also understand that sessions may be videotaped and/or photographed and portions of the materials may be used for promotional materials.

☐ I **DO** give permission for my child to be videotaped, photographed or recorded during zoom meetings.

☐ I **DO NOT** give permission for my child to be videotaped, photographed or recorded during zoom meetings.

I also understand that in order for the youth initiative programs to maintain a safe and healthy environment for all children; drugs, alcohol, violence, abusive language, and misconduct will not be tolerated at any activity. Therefore, I understand that my child will be held accountable for his/her behavior and further understand that it will be my responsibility to pick up my child if my child needs to be sent home for disciplinary reasons.

Printed Name: _____

Signature: _____

Date: _____

YOUTH PICK-UP AUTHORIZATION FORM

While we are currently unable to meet in person, we greatly anticipate being able to do so soon. Therefore, we ask that you complete the pick-up authorization form.

I authorize the person(s) listed below to pick up my child from youth initiative events hosted by the Athens Alumnae Chapter of Delta Sigma Theta Sorority, Inc. For my child's safety I understand that all authorized persons on this list may be asked to show photo identification before my child is released to them; therefore I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick up my child.

Name: _____ Relationship: _____

Contact Number(s): _____

Name: _____ Relationship: _____

Contact Number(s): _____

Name: _____ Relationship: _____

Contact Number(s): _____

Name: _____ Relationship: _____

Contact Number(s): _____

Name: _____ Relationship: _____

Contact Number(s): _____

By signing below I verify that I have read and agree to the youth pick up policies as outlined above.

Signature of Parent/Guardian _____ Date _____

MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

Child's Name: _____ Age: _____

Please check any current health condition that may require attention during the time your child is with the chapter. Also complete and submit the medication authorization form if your child has health conditions that require medication during activities.

Does your child have any significant health history, conditions, communicable illness, or restrictions that may affect participation in youth initiatives programming? ☐ Yes ☐ No
If yes, please explain_____

Asthma inhaler or EpiPen required during activities	☐ Yes ☐ No
Vision problems	☐ Glasses ☐ Contacts
Hearing problems	☐ Hearing aid(s)
ADD/ADHD	☐ Yes ☐ No

Other:
_____

Allergies/Other Sensitivities (please be specific)
Foods:
_____

Medicines:
_____

Bee stings or insect bites: _____