

Rancocas Valley Alumnae Chapter Delta Sigma Theta Sorority, Inc.



Dr. Betty Shabazz Delta Academy	Delta GEMS: Growing and Empowering Myself Successfully	Empowering Males to Build Opportunities for Developing Independence

2018 – 2019 UNIVERSAL APPLICATION

Program Planning and Development Committee



(Delta Academy Program ~ Delta GEMS Program ~ EMBODI Program)
 Age: 11-14 yrs Age: 14-18 yrs Age: 11-18 yrs

Date: _____

I. DEMOGRAPHIC INFORMATION

LNAME:		FNAME:		AGE:	
ADDRESS:					
CITY:		STATE:		ZIP:	
HOME #:		CELL #:			
E-MAIL:					

II. SCHOOL INFORMATION

SCHOOL NAME: (Please Provide full name)					
GRADE:					
ADDRESS:					
CITY:		STATE:		ZIP:	
FAVORITE SUBJECT IN SCHOOLS:					
EXTRA-CURRICULAR ACTIVITIES:					
HOBBIES:					



WHAT ARE YOUR TALENTS?	(What you do best and/or most like to do):
WHAT WOULD YOU LIKE TO GAIN FROM THIS PROGRAM?	

III. PARENT INFORMATION

LNAME:		FNAME:			
RELATIONSHIP:					
ADDRESS:					
CITY:		STATE:		ZIP:	
HOME #:		CELL #:			
E-MAIL:					

IV. EMERGENCY CONTACT INFORMATION

LN		FNAME:			
RELATIONSHIP:					
ADDRESS:					
CITY:		STATE:		ZIP:	
HOME #:		CELL #:			
E-MAIL:					

How did you learn about the program? _____



PARENT AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of _____, Participant Minor Child, in the Delta Academy, Delta GEMS, and EMBODI youth program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

RELEASE FOR MINOR CHILDREN (Under 18)

Print Child's Name	Grant Permission [Yes or No]
<small>Print → Here</small> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	
Print Name of Parent or Guardian	Relation to Child
<small>Print → Here</small> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	
Signature of Parent or Guardian	Date
<small>Sign → Here</small> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	

STUDENT AFFIRMATION (If 18 years of age or older)

I, _____, under penalty of perjury, do hereby affirm to the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize my participation in the Delta Academy, Delta GEMS, and EMBODI youth program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Signature: _____

Date: _____



WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively “Releases”), 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 Participant Minor Child’s participation in the _____ Program. My waiver and release of all claims, demands, actions, and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee. I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released from all claims that may arise from loss or damage to the Participant Minor Child’s personal property.

RELEASE FOR MINOR CHILDREN (Under 18)

Print Child’s Name	Grant Permission [Yes or No]
Print Here →	
Print Name of Parent or Guardian	Relation to Child
Print Here →	
Signature of Parent or Guardian	Date
Sign Here →	



PHOTO WAIVER & RELEASE

Rancocas Valley Alumnae Chapter (RVAC) of Delta Sigma Theta Sorority, Incorporated regularly publishes photographs of its members, community and public functions. Some will be used by RVAC for illustration purposes in our publications, posted on our website, video and /or other media for public relations about the chapter.

By signing this form, I hereby grant to RVAC the right to use my photograph within the context indicated below. Furthermore, I grant DSTRVAC the unconditional rights to use the se images, in whole or in part, for non-profit purposes, or other non-commercial use without requiring RVAC to notify me, seek my permission, or owe any form of compensation.

I understand and agree that these Images will become the property of RVAC, which shall have complete ownership of the Images. I hereby irrevocably authorize RVAC to publish or distribute these Images for the purpose of publicizing RVAC programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I hereby hold harmless and release and forever discharge RVAC and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; National Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other person acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I hereby certify that I am the parent/guardian of _____, and do hereby give my consent without reservation to the foregoing on behalf of my child.

RELEASE FOR MINOR CHILDREN (Under 18)

Print Child's Name	Grant Permission [Yes or No]
<input type="text"/> <small>⇒ Here</small>	
Print Name of Parent or Guardian	Relation to Child
<input type="text"/> <small>Print ⇒ Here</small>	
Signature of Parent or Guardian	Date
<input type="text"/> <small>Sign ⇒ Here</small>	



Confidentiality Policy

(Delta Academy Program ~ Delta GEMS Program ~ EMBODI Program)

It is the policy of the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.”

To carry out the mission of its authorized youth programs and to better serve the needs of the youth participants, the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian.
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (such as disfigurement physical limitations)

Limits of Confidentiality: Confidential information may be shared with individuals or organizations as specified below under the following conditions, and *provided that* the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy: Delta Officers and Members of the Board have access to any participant’s files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the National President’s directive. Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order. Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.

Members of the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) volunteers who observe or suspect child abuse are “mandatory reporters” and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

Safekeeping of Confidential Records: The President of the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.



Requests for Confidential Information by Other Agencies: Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

Violations of Confidentiality: Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

No Liability. There shall be no liability to Delta, or the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated ("Delta"), or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation.



Code of Conduct Agreement for Youth

(Delta Academy Program ~ Delta GEMS Program ~ EMBODI Program)

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-bullying) or other aggressive behaviors that threaten the safety of others.
2. Respect the property rights of other. This means do not damage or deface the building or property within the building where chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta's name or any symbol or logo (Delta's intellectual property) on any clothing, books, bags, or other items.
3. Return supplies to their proper place after using them.
4. Clean up all work areas properly.
5. Listen carefully to directions and when someone else is talking.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. Cooperate and participate in organized activities.
9. Assume full responsibility for all personal belongings. Please leave valuables at home.
10. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at any time.

Sanctions for Violating Code of Conduct

A. Bad Language/Abusive Teasing and Related Acts:

- 1st Time: Verbal warning, *parent or guardian notified from this point forward*
- 2nd Time: Loss of privileges
- 3rd Time: 1-day suspension from program
- 4th Time: 1-week suspension from program

Next occurrence youth is removed from the program.

B. Physical Violence and Other Misconduct:

- 1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*
- 2nd Time: 1-day suspension from program
- 3rd Time: 1-week suspension from program

Next occurrence youth is removed from the program.



C. Illegal Substances or Dangerous Weapons

- 1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

PARTICIPANT AUTHORIZATION

With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the Code. I understand the Code and the sanctions. I agree to follow the *Code of Conduct*.

Print Name of the Participant	
Signature of the Participant	Date

PARENT AUTHORIZATION (If youth is under the age of 18)

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the Delta Sigma Theta Sorority Rancocas Valley Youth program (s). I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

RELEASE FOR MINOR CHILDREN (Under 18)

Print Child's Name	Grant Permission [Yes or No]
<small>Print → Here</small>	
Print Name of Parent or Guardian	Relation to Child
<small>Print → Here</small>	
Signature of Parent or Guardian	Date
<small>Sign → Here</small>	



Medical Release / Information Form

(Delta Academy Program ~ Delta GEMS Program ~ EMBODI Program)

To the parent/guardian:

The health of the student is primarily the responsibility of her parent(s) or guardian(s). The Rancocas Valley Alumnae Chapter strongly recommends annual health examinations, dental check-ups and immunizations against preventable diseases. Our policy on health and safety implies a responsibility to the participants for their protection. It also implies the right of the organization to be assured, as much as possible, that the participants are physically able to take part in academy activities.

Student Name: _____ DOB/Age: _____ Address: _____ City/State: _____ Zip Code: _____ Parent/Guardian Full Name: _____ Phone Number: _____	Family Physician Name: _____ Family Physician's Phone Number: _____ Family Medical Insurance Carrier: _____ Policy/Group Number: _____								
<p>Part 1: Illnesses and Injuries <i>(Circle those that apply and give appropriate detail in Part 5)</i></p> <p>Chronic or recurring illnesses:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Ear Infections</td> <td style="width: 25%;">Bleeding/Clotting Disorders</td> <td style="width: 25%;">Hypertension</td> <td style="width: 25%;">Asthma</td> </tr> <tr> <td>Heart Defect/Disease</td> <td>Musculoskeletal Disorders</td> <td>Seizures</td> <td>Diabetes</td> </tr> </table> <p>Other: _____</p> <p>Were any complicating medical problems noted in the last health exam? If yes, please describe: _____</p> <p>_____</p>		Ear Infections	Bleeding/Clotting Disorders	Hypertension	Asthma	Heart Defect/Disease	Musculoskeletal Disorders	Seizures	Diabetes
Ear Infections	Bleeding/Clotting Disorders	Hypertension	Asthma						
Heart Defect/Disease	Musculoskeletal Disorders	Seizures	Diabetes						



<p>Part 2: Allergies <i>(Check all that apply and specify the nature of any allergic reactions)</i></p> <p>Animals _____ Hay Fever _____</p> <p>Pollen _____ Food _____</p> <p>Drugs _____ Insect Stings _____</p> <p>Plants _____ Other (specify) _____</p>	<p>Part 3: Immunizations</p> <p>Are all of the student's immunizations up to date?</p> <p>Yes _____ No _____ <i>(If not, please explain in Part 5)</i></p> <p>Date of last: DPT: _____</p> <p style="padding-left: 150px;">Tetanus: _____</p>
<p>Part 4: Other Health Conditions <i>(Check all that apply)</i></p> <p>Bed Wetting _____ Emotional Disturbances _____</p> <p>Fainting _____ Hearing Impairment _____</p> <p>Constipation _____ Dental Appliances _____</p> <p>Nosebleeds _____ Sleep Disorders _____</p> <p>Motion Sickness _____ Special Dietary Needs _____</p> <p>Wears glasses/ contacts _____ Menstrual Cramps _____</p> <p>Sickle Cell Trait or Disease _____ Other (specify) _____</p>	<p>Part 5: Notes <i>(Please explain any items that are noted in previous sections. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also indicate any activities to be restricted.)</i></p>
<p>Part 6: Medication Directions <i>(Please give detailed directions for any medications to be given to your child. Include dosage and times.)</i></p>	<p>I know of no reason(s) other than the information on this form, why my daughter should not participate in academy activities.</p> <p>Parent/Guardian Signature:</p> <p>_____</p>

PARENT AUTHORIZATION FOR MEDICAL EMERGENCY TREATMENT

(Sign ONE section only)

<p>In case of medical emergency, I understand every effort will be made to contact parents or guardian of the child. In the event I cannot be reached, I hereby give permission to the physician selected by authorized representative(s) of Rancocas Valley Alumnae Chapter to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.</p> <p>Student's Name: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>	<p align="center"><i>(Sign only if you decline to sign release at left)</i></p> <p>I have been offered the opportunity to authorize emergency medical care as set forth (on left) and decline to so authorize said emergency medical care without my approval and accept such complications as may occur should said medical care be needed and unavailable due to my being unavailable to provide the same.</p> <p>Student's Name: _____</p> <p>Parent/Guardian Signature: _____</p> <p>Date: _____</p>
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Youth Pick-Up Authorization Form

(Delta Academy Program ~ Delta GEMS Program ~ EMBODI Program)

I authorize the persons listed below to pick-up my child from the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated Youth Program Activities. For my child's safety, I understand that all authorized persons on the list below will 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. *(Please include names of authorized persons, including parents/guardians in the chart below).*

Name _____	Relationship _____
Home Phone _____ Work Phone _____	Cell Phone _____
Name _____	Relationship _____
Home Phone _____ Work Phone _____	Cell Phone _____
Name _____	Relationship _____
Home Phone _____ Work Phone _____	Cell Phone _____
Name _____	Relationship _____
Home Phone _____ Work Phone _____	Cell Phone _____
Name _____	Relationship _____
Home Phone _____ Work Phone _____	Cell Phone _____

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to release my child to the persons listed above. I also agree to notify the Rancocas Valley Alumnae Chapter of Delta Sigma Theta Sorority, Inc. in writing of any changes to the above list of authorized persons.

RELEASE FOR MINOR CHILDREN (Under 18)

Print Child's Name	Grant Permission [Yes or No
⇒	
Print Name of Parent or Guardian	Relation to Child
⇒	
Signature of Parent or Guardian	Date
⇒	