

*Delta Sigma Theta Sorority, Inc.
Rancocas Valley Alumnae Chapter*



Dr. Betty Shabazz Delta Academy



Dr. Jean L. Noble Delta GEMS



Delta Sigma Theta Sorority, Inc.
Empowering Males to Build
Opportunities for Developing
Independence

2011 – 2012
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?	<i>(What you do best and/or most like to do):</i>
WHAT WOULD YOU LIKE TO GAIN FROM THIS PROGRAM?	

III. PARENT INFORMATION

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

How did you learn about the program? _____

Delta Sigma Theta Inc. Connection:

Are you a member of Delta Sigma Theta Sorority, Inc.? Yes No

If active, please provide Chapter name:

Is a relative a member? Yes No If yes, relationship: _____

If active, please provide the name of the Chapter:



IV. AUTHORIZATIONS

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 G.E.M.S., and E.M.B.O.D.I. 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]
Print Here →	
Print Name of Parent or Guardian	Relation to Child
Print Here →	
Signature of Parent or Guardian	Date
Sign Here →	

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 G.E.M.S., and E.M.B.O.D.I. 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 "Releasees"), 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 <input type="text"/> Here	Print Child's Name	Print <input type="text"/> Here	Grant Permission [Yes or No]
Print <input type="text"/> Here	Print Name of Parent or Guardian	Print <input type="text"/> Here	Relation to Child
Sign <input type="text"/> Here	Signature of Parent or Guardian	Sign <input type="text"/> Here	Date



PHOTO WAIVER & RELEASE

Delta Sigma Theta Sorority, Inc. Rancocas Valley Alumnae Chapter (RVAC) 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 these 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 that these images will become RVAC's property and used in an appropriate and respectful manner. I confirm that these images were taken with my knowledge and consent.

I have read and understood the above.

RELEASE FOR MINOR CHILDREN (Under 18)

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