

Delta Sigma Theta Sorority, Incorporated
Warner Robins Alumnae Chapter
<http://warnerrobins-dst.org/>
Delta Academy (Ages 11-14)
2018-2019 Application

Program Description:

The Warner Robins Alumnae of Delta Sigma Theta Sorority is a local non-profit organization that focuses on sisterhood, scholarship, and service. Founded on Christian principles, our national organization has over 250,000 college-educated women and more than 900 chapters throughout the world.

Since chartering of the Warner Robins Alumnae Chapter in 1989, education development has been the centerpiece of our agenda and outreach. The **Dr. Betty Shabazz Delta Academy** was established to embrace and answer the call to enhance the future of our African-American girls between the ages of 11 to 14 (emphasis: Middle School).

The theme is “The Transformation of Me...Knowing Me (self-esteem, decision making, relationships); Developing Me (body image, sexual health, and nutrition/fitness); Preparing Me (leadership development, community action/advocacy, STEM & non-traditional careers).”

Delta Academy is designed for young women who

- Demonstrate great academic and personal promise; lack support and encouragement.
- Show interest in developing leadership skills.
- Show interest in community action and social change.
- Show interest in non-traditional STEM (science, technology, engineering, and mathematics) careers.

A primary goal of the Academy is to prepare these young women for full participation in the 21st century world.

Name of Applicant _____ Date of Birth _____

Address _____ City/Zip _____

Parent Phone _____ Child phone _____

Parent Email _____ Child Email _____

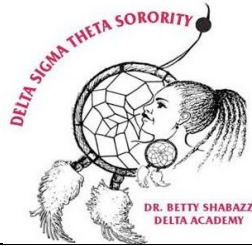
Current School _____ Grade Level _____ Current GPA _____

Please circle:

Shirt size: S, M, L, XL, XXL

Please return no later than October 15, 2018 to:

Delta Sigma Theta Sorority, Inc., Warner Robins Alumnae Chapter, ATTN: Delta Academy, P.O. Box 6861, Warner Robins, GA 31095-6861



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Why do you want to be involved with Delta Academy? What do you hope to gain or learn by participating in this program?

What are your career goals?

Honors/Awards/Achievements: *Please list extra-curricular activities in which you participate*

Is there anything that you consider special or unique about yourself that you would like to share? Please explain

On a scale of 1 to 10 (10 being the highest) rate your math, science and technology interests.

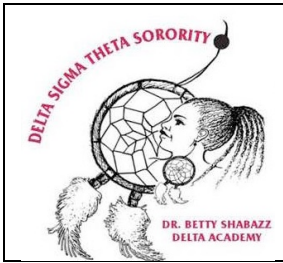
Math Interests	1	2	3	4	5	6	7	8	9	10
Science Interests	1	2	3	4	5	6	7	8	9	10
Technology Interests	1	2	3	4	5	6	7	8	9	10

I hereby state that the information on this application is true and complete.

Signature of Applicant _____ Date _____

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PARENTAL AFFIRMATION

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

Printed Name: _____

Signature: _____

Date: _____

Relationship to child: _____

WAIVER AND RELEASE

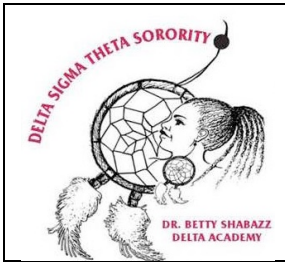
I, _____, Parent/Guardian, on behalf of _____ (“Participant Minor Child”) do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Incorporated (“Delta”), its officers, National Executive Board, employees, members, local chapters, representatives, 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 Delta Academy 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.

Parent/Guardian Signature

Date: _____

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PHOTO RELEASE

I hereby grant permission to Delta Sigma Theta Sorority, Inc. (local, state, regional, and national level) to use photos/images of my child on your website and other publications in regards to this program.

Parent/Guardian Signature

Date: _____

HEALTH INFORMATION

Below please check any current health condition that may require attention during the Program day. Also complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

Allergies/Sensitivities (be specific)

Foods _____

Medicines _____

Bee sting or insect bite _____

Other _____

Asthma Inhaler required at Program

Vision Problems Glasses Contacts

Hearing Problems Hearing Aid(s)

ADD/ADHD

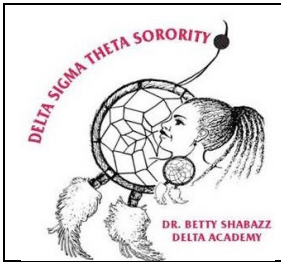
Other

Minor's Gender _____ Height _____ Weight _____

List all medications and dosages your child receives on a continual basis:

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NON-PRESCRIPTION MEDICATION PERMIT

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I/We understand that medications will be administered with discretion by an authorized Program employee and in accordance with established protocols developed by the Program.

The following nonprescription medications may be available to your child:

_ For headaches/fever/muscle aches/pain/cramps: Acetaminophen (e.g., Tylenol, including Junior Strength), Ibuprofen (e.g., Advil, including Children's liquid, Motrin), Naproxen (Aleve), Midol, & Excedrin.

_ For bites/allergic rashes: Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.

_ For nasal congestion/sinus pressure: Decongestant

_ For sore throat: Throat lozenges (e.g., Cepacol lozenges)

_ For coughs: Cough drops/lozenges or cough suppressant.

_ For upset stomach: Antacid liquid or chewable tablets (e.g., Mylanta)

_ For sun protection: Sunscreen lotion SPF 30.

_ I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.

Parent/Guardian Signature _____

Date _____

PHYSICIAN & INSURANCE INFORMATION

Name of Child's Physician _____

Phone _____

Health Insurance Company _____

Phone _____

Policy Number _____ Group Number _____

Insurance Company Address _____

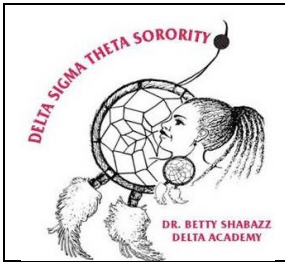
City/State/Zip Code _____

Name of Policy Holder _____

Name of Policy Holder's Employer _____

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EMERGENCY CONTACT INFORMATION

Parent/Guardian #1 Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail address _____

Parent/Guardian#2 Name _____ Relationship _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
E-mail address _____

If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name: _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____

In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.

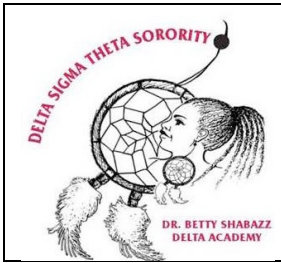
Parent/Guardian Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

CODE OF CONDUCT FOR YOUTH PARTICIPATING IN YOUTH INITIATIVES 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.

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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

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.

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.

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.

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 will follow the *Code of Conduct*.

Student Print Name

Student Signature

I also understand that it will be my responsibility to pick up my child immediately if my child needs to be sent home for disciplinary reasons. I, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2014-2015 Delta Academy Program. I have also received, reviewed, and accept the Delta Academy Expectations.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

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