**Application**

*Please type in the form or print*

|  |  |  |
| --- | --- | --- |
| Date: |  |  |
| **Personal Information** |
| Name: |  |
| Address:  |  |
| Home Phone: |  | Cell Number: |  |
| Email: |  |  |
| Parent(s)/Guardian(s): |  |
| Parent Cell: |  | Parent Email:  |  |
| Date of Birth: |  | Age: |  |
| School:  |  | Grade: |  |
|  |
| **Alternate Contact** |
| Name:  |  | Relationship: |  |
| Home Phone: |  | Cell Number: |  |
| Email:  |  |
|  |
| List all extracurricular activities (including community service and church activities, public service, and interests): |
| Is there anything that would prevent you from fully participating in Delta Academy activities the 3rd Saturday of each month (beginning in October):  |

|  |  |  |
| --- | --- | --- |
| Today’s Date: |  |  |
| **Health History** |
| Child’s Name (Last, First, M.I.):  |  |
| Gender (check one):  |  Male Female  | DOB (mm/dd/yy): |  |
| Parent/Guardian Name: |   |
| Does Parent/Guardian live at home with child?  | Yes No  |
| Parent/Guardian Name:  |  |
| Does Parent/Guardian live at home with child? |  Yes No  |
| Is/Has child been under regular supervision of a physician?  |  Yes No  |
| Name and address of physician:  |  |
| **Health and Development History** |
| **Childhood illness:** Check any that apply  Measles Mumps Asthma Chickenpox Rheumatic Fever Hay Fever Diabetes Epilepsy Whooping Cough Poliomyelitis Ten-Day Measles (Rubella) Three-Day Measles (Rubella) |
| Other (please list):  |
| Does the child have any significant health history, conditions, communicable illness, or restrictions that may affect the child’s participation in the Delta Academy/Delta GEMS youth initiatives programs? None Yes  |
| If yes, please provide a detailed explanation: |
| Does the child have any significant food/medication/environmental allergies that may require emergency medical care at the Delta Academy/Delta GEMS youth initiatives programs? (check one) None Yes  |
| If yes, please provide a detailed explanation: |

**MEDICAL INFORMATION FORM**

|  |
| --- |
| Specify any other serious or severe illnesses or accidents: |
| Does the child take prescribed medications? No Yes  |
| Name the medications and frequency taken: |

**MEDICAL INFORMATION FORM**

*(continued)*

|  |
| --- |
| **For any medications or treatment required during the course of the Delta Academy/GEMS youth initiatives program, a Medication Authorization Form should be completed and submitted with this form.** |
| Does the child take any over the counter medications frequently? No Yes  |
| Name the medications and frequency taken: |
| Does the child have any allergies? No Yes  |
| Specify: |
| Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.): No Yes  |
| Name of device(s): |
| Reason for use: |

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

|  |  |
| --- | --- |
| Name of Minor: |  |
| Date of Birth: |  | Age: |  |
| Address: |  |
| City/State/Zip Code: |  |
| Parent/Guardian Home Phone: |  |
| Cell Phone: |  | Email Address:  |  |
| Minor’s Gender: |  | Height: |  | Weight: |  |

|  |
| --- |
| **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: |
|   *Check any that apply* Asthma Inhaler required at Program Vision problems Glasses Contacts Hearing problems Hearing aid(s) ADD/ADHD  |
|  Other: |
| List all medications and dosages your child receives on a continual basis:  |

**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, and 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: |  |

**EMERGENCY CONTACT INFORMATION**

|  |
| --- |
| **Parent/Guardian #1** |
| Name: |  | Relationship: |  |
| Street Address:  |  | City/State/Zip: |  |
| Home Phone: |  | Work Phone: |  |
| Cell Phone: |  | Email: |  |
| **Parent/Guardian #2** |
| Name: |  | Relationship: |  |
| Street Address:  |  | City/State/Zip: |  |
| Home Phone: |  | Work Phone: |  |
| Cell Phone: |  | Email: |  |

**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: |  | Email: |  |
| Name: |  | Relationship to Student: |  |
| Home Phone: |  | Work Phone: |  |
| Cell Phone: |  | Email: |  |

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIELD TRIP PERMISSION**

|  |  |  |
| --- | --- | --- |
| I/We, |  | (“Parent/Guardian”) as |
| Parent(s) or legal guardian(s) of |  | (“Child”) |
| give permission for my/our Child to participate in the Delta Academy/Delta GEMS Youth Initiatives Program’s (the “Initiatives”) activities taking place off site. I/We understand that transportation to and from these activities will be provided for my/our Child by the Chapter.I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our Child during the times of that field trip activity.I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees.I/We do hereby agree to release and hold harmless the Initiatives, 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 for any damage, loss, or injury to my/our Child or damage to my/our Child’s property arising from my/our Child’s participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns. |

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT TO PHOTOGRAPH**

|  |  |  |
| --- | --- | --- |
| I, |  | , give permission for my |
|  | Parent/Guardian |
| child, |  | , to be photographed and videotaped. |
| My signature gives consent to the use of my child’s likeness in any publication, educational material, advertising, news media, and World Wide Web materials that Delta Academy/Delta GEMS may utilize and produce.I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the New Bern Alumnae Chapter Delta Sigma Theta Sorority, Incorporated and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the New Bern Alumnae Chapter for potential future use. I agree to release the New Bern Alumnae Chapter from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent/guardian upon request. |

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL AFFIRMATION**

|  |  |  |
| --- | --- | --- |
| I, |  | , Parent/Guardian,  |
| under penalty of perjury, do hereby affirm to the New Bern Alumnae Chapter of Delta Sigma Theta Sorority, Inc. |
| that I authorize the participation of  |  | , Participant Minor Child, |
| in the Delta Academy/Delta GEMS 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/Delta GEMS 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 others. 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***

**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.

**CODE OF CONDUCT FOR YOUTH**

**PARTICIPATING IN YOUTH INITIATIVES PROGRAM**

*(continued)*

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*.

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

Print Name Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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 participation in the Delta Academy/Delta GEMS program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

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

Print Name Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_