

**Dothan Alumnae Chapter
Delta Sigma Theta Sorority, Inc
Youth Initiatives Information Sheet**

Please check the Youth Initiative that you are applying for:

- Delta Academy (females ages 11-14) Delta G.E.M.S (females ages 14-17) E.M.B.O.D.I (males ages 11-17)

Name: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell _____

Email address (of member) _____

Mother's Name: _____

Address _____

Cell _____ Email _____

Father's Name: _____

Address _____

Cell _____ Email _____

School: _____ Grade: _____

Church you attend: _____

Extra-curricular activities: _____

Interests/Hobbies: _____

Birthday: _____ Age: _____

T-shirt size: _____ Favorite Color: _____

Favorite Foods: _____

What are your career goals? _____

What do you hope to gain from being a member of the Delta Academy/GEMS/EMBODI?

Are you currently or have you ever been part of a teen group for another organization?

If yes, when & what organization _____

Reason for disassociating _____

What are some cultural activities you would like to see this organization do?

What are some service projects you would like to see this organization do?

What are some social activities (i.e. trip destinations) you would like to see this organization do?

Please list any medications, allergies, or medical conditions the Advisors need to be aware of: _____

Parental Consent (Required for Participation)

I, _____ do hereby affirm to Delta Sigma Theta Sorority, Inc., the Dothan Alumnae Chapter and the Delta Sigma Theta Youth Program that I have the legal authority to provide my consent and authorization for matters relating to the participation of _____ in this Program.

Printed Name: _____

Signed: _____

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, Inc. and the Dothan Alumnae Chapter, (“Delta”), its officers, directors, employees, state and local chapters, representatives, agents, affiliates, assigns and successors, and the staff of the Delta Youth Program (the “Program”), from any and all claims, demands and actions of any and every kind directly and 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, and 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 staff of the Program, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of employees, staff or volunteers of Delta or of the Program.

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be liable and each is hereby released each of all claims that may arise from loss or damage to the Participant Minor Child’s personal property.

I also understand and agree by signing below that photographs maybe taken of my child while participating in the Program and these photographs will only be used for Chapter related activities

Signed:

Parent/Guardian Signature

Date: _____

Applications must be post marked by June 30th
Mail to:
Dothan Alumnae Chapter
Delta Sigma Theta Sorority Inc.
Attn: Youth Initiatives
P.O. Box 7112, Dothan, AL 36302

