



**DELTA SIGMA THETA SORORITY, INC.**  
HUNTSVILLE ALUMNAE CHAPTER  
P.O. BOX 3373  
HUNTSVILLE, AL 35810  
www.dsthuntsville.org



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2011-2013**

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Immediate Past President

TO: High School Counselors/Youth Advisors/Churches/Youth Organizations

FROM: Jacqueline Wyse, President  
April Nickerson, EMBODI Committee Chairperson  
Huntsville Alumnae Chapter  
Delta Sigma Theta Sorority, Incorporated

RE: EMBODI SUMMIT: Transforming Boys II Men  
Delta Sigma Theta Sorority, Incorporated

DATE: January 20, 2012

The Huntsville Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated will sponsor its 1<sup>st</sup> Annual Empowering Males to Build Opportunities for Developing Independence (EMBODI) Summit: Transforming Boys II Men on Saturday, April 28, 2012. EMBODI is a mentorship program that is designed to address education, social, and emotional obstacles young men of color may experience. The EMBODI Summit will focus on cultural and academic enrichment, building self-confidence, conflict-resolution strategies, and any other issues impacting young African American men. Our Summit is scheduled from 8:30 a.m. to 3:00 p.m. at the Sheraton Four Points (Huntsville International Airport), 1000 Glenn Hearn Blvd SW, Huntsville, AL 35824. Lunch will be served.

As we prepare for this Summit, we are asking for your support in identifying young African American men between the ages of 13 – 17 and in grades 8 – 12. We ask that you distribute the attached registration and consent forms to the appropriate students. As a prerequisite to attend the EMBODI Summit, all registration forms, including consent forms, must be postmarked no later than **March 2, 2012**. If required, please make additional copies of the registration and consent forms and have students send the completed information to:

Huntsville Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
P.O. Box 3373  
Huntsville, Alabama 35810  
Attention: EMBODI Committee

Should you have questions, and or require additional information, please contact April Nickerson via e-mail at [EMBODISummit1913@gmail.com](mailto:EMBODISummit1913@gmail.com), or cell at 334-728-1264.

We thank you in advance for your positive response to this important endeavor.

## **Delta Sigma Theta Sorority, Inc.**

### **Huntsville Alumnae Chapter**

#### **EMBODI SUMMIT**

### *EMBODI Program Information*

Delta Sigma Theta Sorority, Inc. is a nonprofit nationwide organization, whose purpose is to provide service and programs to promote human welfare. Empowering Males to Build Opportunities for Developing Independence (EMBODI) is the signature program of Delta Sigma Theta Sorority, Inc.'s 24th National President, Cynthia M.A. Butler-McIntyre. EMBODI is designed to refocus Delta's efforts to collaborate with other established organizations and agencies to address the plight of African American males. The EMBODI program provides a continuum of services and addresses the specific needs of African American male middle school and high school students (ages 13 – 17).

Both informal and empirical data suggests that African American males continue to be in crisis and are not successful educationally, socially, and emotionally. EMBODI is designed to address these issues through dialogue, recommended strategies, programs and activities.

The goals of EMBODI are:

- To expand the horizons of young African American males by cultivating a personal vision for their lives;
- To provide tools for young African American males to attain a higher quality of life;
- To provide young African American males with an awareness of various college and career options to make rewarding life choices and decisions; and
- To create community-minded young African American males by actively involving them in service learning and community service opportunities.

The EMBODI Program serves as a motivational tool for African American teenage males with the ultimate goal of increasing their knowledge and awareness of issues affecting young men today. The mission of the EMBODI Committee is to provide young males with a firm structural program that will enhance their self-esteem, academic achievement, leadership skills, and cultural awareness. This, in turn, will provide them with the opportunity to develop emotionally, socially, and intellectually and be prepared to take an active role in their success as they face the challenges of the world.

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**EMBODI SUMMIT**

**REGISTRATION FORM**

**PARTICIPANT INFORMATION:**

Name (Last, First, Middle): \_\_\_\_\_

Age (As of April 28, 2012): \_\_\_\_\_ Date of Birth (Month, Day, Year): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

High School \_\_\_\_\_ Grade (2011 – 2012) \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION:**

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Parent(s)/Guardian(s) Email: \_\_\_\_\_

**PERSONAL INFORMATION:**

Is Your Mother A Member of Delta Sigma Theta Sorority, Inc.?: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you participated in any other EMBODI Program?: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you currently have a sibling participating in an EMDOBI Program.?: Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please give their name: \_\_\_\_\_

**Please return registration form (including Essay, Consent to Photograph, and Authorization For Medical Treatment)  
No Later Than March 2, 2012**

**To:**

**Delta Sigma Theta Sorority, Inc  
Huntsville Alumnae Chapter  
ATTN: EMBODI Committee  
Post Office Box 3373  
Huntsville, AL 35810**

**For further information, please contact April Nickerson at [EMBODISummit1913@gmail.com](mailto:EMBODISummit1913@gmail.com), or cell at 334-728-1264.**



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*Consent to Photograph*

I voluntarily give permission for my son (the student whose name is listed below), to be photographed and videotaped. My signature gives consent to use of his likeness in any publication, educational material, advertising, news media, and World Wide Web materials that EMBODI/Huntsville Alumnae Chapter 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 EMBODI/Huntsville Alumnae Chapter 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 EMBODI/Huntsville Alumnae Chapter for potential future use. I agree to release EMBODI/Huntsville 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 upon request.

Student PRINTED Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Authorization for Medical Emergency Treatment**

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 the Huntsville Alumnae Chapter to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child.

Student PRINTED Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

