

**DELTA SIGMA THETA SORORITY, INC.
HUNTSVILLE ALUMNAE CHAPTER
DR. BETTY SHABAZZ DELTA ACADEMY**

**APPLICATION FORM
2011-2012**

Student Name: _____

DOB: _____ Age: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School Name: _____

T-shirt Size: S M L XL XXL

Medical Conditions: _____

Medications: _____

Allergies: _____

Emergency Contact Information

Name: _____

Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

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**PARENTAL AFFIRMATION FORM
2011-2012**

I, under penalty of perjury, do hereby affirm to the Huntsville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. that I authorize the participation of my child in the Delta Academy program including planned activities, and that I have the legal authority to provide my consent and authorization for such participation.

Parent/Guardian Name: _____

Signature: _____

Date: _____

WAIVER AND RELEASE

I, on behalf of my child, do hereby release, waive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority, Inc., 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 my 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 my child which may be caused by the 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 Sigma Theta Sorority, Inc., nor the Delta Academy program, shall be liable and each is hereby released from all claims that may arise from loss or damage to my child's personal property.

Parent/Guardian Name: _____

Signature: _____

Date: _____

**DELTA SIGMA THETA SORORITY, INC.
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CODE OF CONDUCT

1. Respect all participants by not using foul, hurtful, or obscene language or engaging in physical violence, 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 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 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. Stay within the program's designated areas within the building.
7. Cooperate and participate in organized activities.
8. Assume full responsibility for all personal belongings. Please leave valuables at home.
9. 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/guardian notified from this point forward.
2nd Time: 1 day suspension from the program.
3rd Time: Removal from the program.

Physical Violence and Other Misconduct:

- 1st Time: Removal from situation, parent/guardian notified from this point forward.
2nd Time: 1 day suspension from the program.
3rd Time: Removal from the program.

Illegal Substances or Dangerous Weapons:

- 1st Time: Removal from the program. If a youth is in possession of an illegal substance or dangerous weapon, the police will be notified as well.

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**CODE OF CONDUCT FORM
2011-2012**

With my parent/guardian, 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 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 her participation in the Delta Academy program. I agree that the sanctions for violating the Code of Conduct are reasonable and will help my child comply.

Parent/Guardian Name: _____

Signature: _____

Date: _____

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**YOUTH PICK UP AUTHORIZATION FORM
2011-2012**

I authorize the persons listed below to pick up my child from the Delta Academy program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick up my child. (Please include name of parent/guardian on list below).

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

By signing below, I verify that I have read and agree to the Youth Pick up policies described above and authorize the Huntsville Alumnae Chapter to release my child to the persons listed above. I also agree to notify the Huntsville Alumnae Chapter in writing of any changes to the above list of authorized persons.

Parent/Guardian Signature: _____

Date: _____

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**PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM
2011-2012**

I give permission for the Huntsville Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to publish on the internet or media still photographs or moving images taken of my child at the Delta Academy activities without payment or any consideration and without notifying me.

I understand and agree that these images will become the property of the Huntsville Alumnae Chapter, which shall have complete ownership of the images. I hereby irrevocably authorize the Huntsville Alumnae Chapter to publish or distribute these images for the purpose of publicizing the Chapter's programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the images.

I hereby hold harmless and release and forever discharge the Huntsville Alumnae Chapter and any of its officers and members, Delta Sigma Theta Sorority Inc., its officers, National Executive Board, employees, members, representatives, agents, and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, or any other persons acting on her behalf, have or may have by reason of the use of the images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn, and indignity.

I do hereby give my consent without reservation to the foregoing on behalf of my child.

Parent/Guardian Name: _____

Signature: _____

Date: _____