





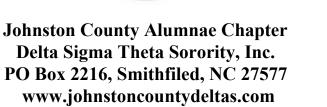
# Johnston County Alumnae Chapter Delta Sigma Theta Sorority, Inc. PO Box 2216, Smithfiled, NC 27577 www.johnstoncountydeltas.com

# 2019-2021 DELTA ACADEMY/GEMS APPLICATION

Date		
Name		
First	Middle initial	Last name
Mailing address		
City	State	Zip code
Home phone	Cell phone	
Email Address		
Date of birth	Age	Grade
School currently attending		
Parent/Guardian Information		
Parent(s) Name		
Address (if different)		
Cell phone		
Email Address		
Emergency Contact		
Phone Number		







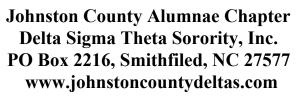


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<u>ADDITIONAL INFORMATION</u> (Allergies, Medications, Behaviors etc):		
PARENTAL/GUARDIAN AFFIRMATION		
I,,hereby give my permission to the JOHNSTON		
COUNTY ALUMNAE CHAPTER of Delta Sigma Theta Sorority, Incorporated for		
to participate in the DELTA GEMS / DELTA		
ACADEMY youth initiative (including planned activities), and I hereby attest, under penalty		
of perjury, that I have the legal authority to authorize such participation.		
Printed Name:		
Signature:		
Relationship to child:		
Date:		









# 2019-2021 DELTA ACADEMY/GEMS APPLICATION

## WAIVER AND RELEASE

,, Parent/Guardian, on behalf of
("Participant Minor Child") do hereby release
vaive, discharge, covenant not to sue and agree to hold harmless Delta Sigma Thet
Sorority, Incorporated ("DST"), its officers, National Executive Board, employees, members
ocal Chapters, representatives, agents, affiliates, and assigns (collectively "Releases"), from
any and all claims, demands, and actions of any and every kind directly or indirectly arisin
out of, or relating in any respect to Participant Minor Child's participation in the Delt
Academy/GEMS Youth Initiative.
My waiver and release of all claims, demands, actions, and liability shall include without
imitation, 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 Releases, unless such injury,
llness, death, property damage or loss is a direct result of the willful misconduct of any
Releases.
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
he Participant Minor Child's personal property.
Parent/Guardian Signature:
Date:





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### 2019-2021 DELTA ACADEMY/GEMS APPLICATION

#### PHOTOGRAPH, MEDIA AND VIDEO AUTHORIZATION RELEASE FORM

I/We,	("Parent/Guardian"), as
parent(s) or legal guardian(s) of	, give permission
for Johnston County Alumnae Chapter of Delta Sigma Theta	a Sorority, Incorporated (the
"Chapter") to publish on the Internet or media still photographs	or moving images, including,
if applicable any sound recordings accompanying the images (	"Images") taken of my child
during participation in Delta Academy /GEMS Youth Initiative	e Program activities, without
payment or any consideration and without notifying me in advance	ce. I/We also give permission
for the Chapter to highlight my child's achievements and activi	ties in efforts to promote the
youth initiative program through newspapers, radio, TV, the web	o, DVDs, displays, brochures,
and other types of media without payment or any consideration as	nd without notifying me.

I/We understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter's programs, including the Delta Academy/GEMS Youth Initiative Program 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/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; 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 which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/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.





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### 2019-2021 DELTA ACADEMY/GEMS APPLICATION

I/we hereby certify that I/we are the parents/guardia authorized legally to give this consent and do hereb to the foregoing on behalf of my/our child.	
Parent/Guardian Signature	Date
Print Name	
Parent/Guardian Signature	Date
Print Name	
YOUTH CODE OF	CONDUCT
<ol> <li>Respect all participants (other youth and adult obscene language or engaging in physical viole or other aggressive behaviors that threaten the second control of the property rights of others. This means that the second control of the property rights of others.</li> </ol>	lence, bullying (including cyber-bullying) safety of others.

- 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.

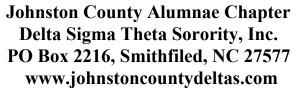
¹(Student Participant)

items.

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









### 2019-2021 DELTA ACADEMY/GEMS APPLICATION

- 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-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 Next occurrence youth is removed from the program.

### **Illegal Substances or Dangerous Weapons**

1st<sup>t</sup> 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.



Print Name



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## **STUDENT AND PARENT'S SIGNATURE:**

(Student)	
With my parent or other adult, I have read the Cotthe Code. I understand the Code and the sanction	•
Signature	Date
Print Name	
*****	****
(Parent)	
I have read and understand the <i>Code of Conduc Conduct</i> . I understand that my child's compliant of her/his participation in the program. I agree to <i>Conduct</i> are reasonable and will help my child conduct to the conduct are reasonable and will help my child conduct to the conduct are reasonable and will help my child conduct to the c	ce with the <i>Code of Conduct</i> is a condition that the sanctions for violating the <i>Code of</i>
Signature	Date