



Delta Sigma Theta Sorority, Inc.
Jacksonville (NC) Alumnae Chapter
P.O. Box 31
Jacksonville, NC 28541-0031

Thank you for your interest in the youth initiative programs for Jacksonville (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Since its founding in 1913 Delta Sigma Theta Sorority, Inc. has clearly distinguished itself as a public service organization that boldly confronts the challenges of our youth.

We are proud to sponsor youth programs for young men and women in 6th - 12th grades. This enrollment packet provides an overview of the programs and allows your child to enroll in one of the youth initiatives. The information captured through this application will help us plan to provide a safe and healthy environment for our participants.

If you would like your daughter/son to become a part of this rewarding experience, please complete the enclosed application packet in its entirety by both the parent and youth participant. The application should be received by mail or electronically by **Friday, October 6, 2023.**

Please submit application:

Electronically to education.jaxncdst@gmail.com

Postal Mail: Delta Sigma Theta, P.O. Box 31, Jacksonville, NC 28541

An informative session for parents and youth initiative participants will be held at **3:00 pm on Sunday, September 24, 2023**, at White Oak High School, 1001 Piney Green Road, Jacksonville, NC 28546.

These Youth Initiative Programs will kick off on **Saturday, October 14, 2023, at 10:00 am** at White Oak High School, 1001 Piney Green Road, Jacksonville, NC 28546.

Delta Sigma Theta Sorority, Inc. was founded in 1913 on the campus of Howard University to promote academic excellence and provide assistance to those in need. Over the years, a wide range of programs addressing education, health, international development, and strengthening of families have evolved. In realizing its mission, Delta Sigma Theta Sorority, Inc. provides an extensive array of public service initiatives through its Five-Point Program Thrust of Economic Development, Educational Development, International Awareness and Involvement, physical and Mental Health, and Political Awareness and Involvement.

Delta Sigma Theta Sorority, Incorporated Jacksonville (NC) Alumnae Chapter

Educational Development Application

Educational Development Programs

The mission of the Educational Development programs is to impact the lives of the youth in our community by inspiring, motivating, and supporting their aspirations and achievements. We seek to influence and inspire students to excel academically while balancing a well-rounded social life. All programs offer opportunities for participants to develop and enhance their skills and develop opportunities for academic excellence, leadership and self-esteem, community service, health and wellness.



Dr. Betty Shabazz Delta Academy, a national sorority initiative, is a free program for young ladies in grades 6th-8th. Delta Academy provides an opportunity to enrich and enhance the education that our young teens receive in public schools. The program offers mentoring, educational activities, and service learning opportunities. A primary goal of the program is to prepare young girls for full participation as leaders in the 21st Century.

GEMS, the acronym for **G**rowing and **E**mpowering **M**yself **S**uccessfully, was created to help young women realize their dreams. The program targets young ladies in grades 9-12. The goals of GEMS are to provide tools that enables young ladies to sharpen and enhance their skills to achieve high levels of academic success; to assist girls in proper goal setting, and decision making; and planning for their futures; and to create compassionate, caring, community-minded young women by actively involving them in service learning and community service opportunities.



EMBODI (Empowering Males to Build Opportunities for Developing Independence) is an initiative designed to address issues facing males in grades 7-12. With an evolving focus on education, physical health, social and emotional issues, EMBODI serves as a motivational tool that positively uplifts and reenergizes their educational focus. In addition, EMBODI provides these young males with structured goals, increases their knowledge and awareness of issues facing them today and provides them with the necessary tools they need to make good decisions.

MEMBERSHIP APPLICATION

Please check appropriate box for this application (CHOOSE ONE)

**Delta
Academy**

**Delta
GEMS**

EMBODI

Name _____
Last First Middle

Date of Birth: _____ Age: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (_____) _____ Cell#: (_____) _____

Email Address: _____

Current School: _____ Grade: _____

I would like to pursue a career in: _____

After School/Community Involvement: _____

Parent/Guardian Information:

Name of Parent/Guardian#1: _____

Work #: (_____) _____ Cell # (_____) _____

Email address: _____

STUDENT NAME: _____ Last First Middle
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Name of Parent/Guardian#2: _____

Work #: (_____) _____ Cell #(_____) _____

Email address: _____

Emergency Contact: _____

Relationship: _____

Home#: (_____) _____ Cell #(_____) _____

Medical Release/ Information Form:

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child's participation in the Jacksonville (NC) Alumnae Chapter youth initiatives program? None Yes

If yes, please provide detailed explanation _____

Does child have any significant food/medication/environmental allergies that may require emergency medical care at the Jacksonville (NC) Alumnae Chapter youth initiatives program? None Yes

If yes, please provide detailed explanation _____

Specify any other serious or severe illnesses or accidents: _____

Does child take prescribed medications (required during the course of the youth initiative's program)? No Yes

Name the medication(s) _____

Frequency taken: _____

Medical Conditions/Allergies (food & drug) _____

Medications: _____

Other Pertinent Information: _____

I hereby hold harmless and release the organization of and members of Jacksonville (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, and White Oak High School from any and all responsibility for injuries suffered by my child while participating in the educational development program and from any expenses related to the treatment received by a medical provider, including transportation to any medical facility.

Signature of Parent/Guardian

Date

STUDENT NAME: _____
Last First Middle

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 Authorization: In the event I or my designated emergency contact person cannot be reached in an emergency, I hereby grant permission to Jacksonville (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated, to seek and secure any emergency medical or surgical care for my child. I 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 insurance company.

Signature of Parent/Guardian

Date

STUDENT NAME: _____
Last First Middle

Photograph and Video Authorization and Release Form

I, _____, (Parent/Guardian) give permission to **Jacksonville (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated**, to photograph or film my child and consent to the use of his/her pictures in publications, educational materials, advertising, news media, and social media. I understand and agree that such materials shall become and remain the sole property of the Chapter. I further understand and agree that these materials may be kept on file and used by the Chapter for potential future purposes and further agree to release the Chapter from all liability arising from or in connection with the taking, using, publication or dissemination of such materials.

I hereby certify that I am the parent/Guardian of _____ **I DO** **I DO NOT** give my permission to the Chapter to photograph or film my child.

Field Trip Permission

I give permission for my child to participate in Jacksonville (NC) Alumnae Chapter youth initiatives program activities taking place off site. I understand that transportation to and from these activities may be provided for my child by **Jacksonville (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.** I understand that the field trips are a part of the initiative. I believe that my child is mature enough to follow the Youth Initiative guidelines and that he/she will act responsibly during all off-site activities.

I do hereby agree to release and hold harmless Jacksonville (NC) Alumnae Chapter of 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 child or damage to my child's property arising from my child's participation in field trips

Signature of Parent/Guardian

Date

STUDENT NAME: _____
Last First Middle

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, its officers, National Executive Board, employees, members, local Chapters, representatives, agents, affiliates, and assigns (collectively “Releases”), 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 **(check one)** **Delta Academy** **Delta GEMS** **EMBODI** Youth Initiative.

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.

Child’s Name

Signature of Parent/Guardian

Date

PARENTAL/GUARDIAN AFFIRMATION

I, _____, hereby give my permission to the Jacksonville (NC) Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated for _____ to participate in the **(check one)** **Delta Academy** **Delta GEMS** **EMBODI** youth Initiative and I hereby attest, under penalty of perjury, that I have the legal authority to authorize such participation.

Signature of Parent/Guardian

Date