

Solano Valley Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.
REGISTRATION

Name: _____ Birth date: _____

School: _____ Grade: _____

Age: _____ Address: _____

City, State, Zip Code: _____

Parent/Guardian Cell: _____ Participant Cell: _____

Participant E-mail _____

Parent/Guardian E-Mail: _____

My child will be participating in the following Youth Initiatives Program: (CHECK ONE PROGRAM)

- Delta Academy** (middle school young ladies, ages 11 – 14)
- Delta GEMS** (high school young ladies, ages 14 – 18)
- EMBODI** (middle/high school young men, ages 13 - 18)

About the youth participant:

Have you formerly participated in the Youth Initiatives Program? ___ Yes or ___ No

What is your t-shirt size? XS S M L XL XXL

What are your future career goals?

Extracurricular activities or Hobbies:

(Registration Form 1/2019)

Solano Valley Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.

PARENTAL/GUARDIAN AFFIRMATION

I, _____, hereby give my permission to the Solano Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated for _____ to participate in the Delta Academy/GEMS or EMBODI 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: _____

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 (“DST”), 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 Participant Minor Child’s participation in the Delta Academy/GEMS or EMBODI Youth Initiative.

My waiver and release of all claims, demands, actions, and liability shall include without limitation, 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, illness, death, property damage or loss is a direct result of the willful misconduct of any Releases.

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.

Parent/Guardian Signature: _____

Parent/Guardian (Print Name): _____

Date: _____

(Affirm, Waiver/Release 1/2019)

Solano Valley Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.

PHOTOGRAPH, MEDIA AND VIDEO AUTHORIZATION AND RELEASE FORM

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for Solano Valley Alumnae Chapter of Delta Sigma Theta 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 the Delta Academy/GEMS or EMBODI Youth Initiative Program activities, without payment or any consideration and without notifying me in advance.

I/We also give permission for the Chapter to highlight my child’s achievements and activities in efforts to promote the youth program through newspapers, radio, TV, the web, DVDs, displays, brochures, and other types of media without payment or any consideration and 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 authorized the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the Delta Academy/GEMS or EMBODI 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.

I/we hereby certify that I/we are the parents/guardians of _____, authorized legally to give this consent, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

Parent/Guardian Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name

(Photo/Video Release 1/2019)

Solano Valley Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.

YOUTH CODE OF CONDUCT

1. Respect all participants (other youth and adult volunteers) by not using foul, hurtful or obscene language or engaging in physical violence, bullying (including cyber-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 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 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, and follow the directions given to me by the members of the Solano Valley Alumnae Chapter of Delta Sigma Theta Sorority ("the Deltas"), Incorporated and any volunteers.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program's designated areas within the building.
8. I will remain open-minded to new ideas and experiences. 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.
11. I will not take any photographs during any Delta Academy/GEMS and/or EMBODI meeting, activity, outing, or event and will not post them on any social media sites (i.e. Face book, Twitter, etc.).
12. I will not text and/or talk on my cell phone during meetings, sessions, and/or field trips unless in case of an emergency.

(#1 Code of Conduct 1/2019)

Solano Valley Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.

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, *parent/guardian notified from this point forward.*

Next occurrence youth is removed from the program.

Illegal Substances or Dangerous Weapons

1st 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.

(Student Participant)

With my parent or other adult, 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*.

Participant Name (PRINT)

Signature of Participant

Date

(Parent)

I have read and understand the *Code of Conduct* and the sanctions for violating the *Code of Conduct*. I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the **Delta Academy/GEMS or EMBODI** program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

Parent/Guardian Name (PRINT)

Signature of Parent/Guardian

Date

(#2 Code of Conduct 1/2019)

Solano Valley Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.

CONFIDENTIALITY POLICY

It is the policy of Solano Valley Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“DST”) to protect the confidentiality of its youth participants and their families. Except as provided below, Solano Valley Alumnae Chapter will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.”

To carry out the mission of its Delta Academy/GEMS and EMBODI program and to better serve the needs of the youth participants, the Solano Valley Alumnae Chapter must collect certain personal information about youth participants and their families, including but not limited to, the following “Confidential Information”.

Name, address and age of participants
School participant attends
Names and addresses of parents or guardian
Medications and physical conditions/limitations
Any distinguishing marks or characteristics (such as disfigurement physical Limitations)

Limits of Confidentiality: Confidential information may be shared with individuals or organizations as specified below under the following conditions and *provided that* the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the National President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the National President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of Solano Valley Alumnae Chapter and volunteers who observe or suspect child abuse are “mandatory reporters” and as such must disclose suspected abuse to the proper authorities, and in making such reports, may disclose Confidential Information.”

Safekeeping of Confidential Records: The President of Solano Valley Alumnae Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with the Confidentiality Policy.

Request for Confidential Information by Other Agencies: Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participants expressly permitting the release of the requested information.

Violation of Confidentiality: Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

No Liability. There shall be no liability to Delta Sigma Theta Sorority, Incorporated, the Solano Valley Alumnae Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.

YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the Delta Academy/GEMS or EMBODI youth initiatives 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 either parents or guardians on list below).*

Name: _____ **Relationship:** _____

Home Phone: () _____ **Work Phone:** () _____ **Cell Phone:** () _____

Name: _____ **Relationship:** _____

Home Phone: () _____ **Work Phone:** () _____ **Cell Phone:** () _____

Name: _____ **Relationship:** _____

Home Phone: () _____ **Work Phone:** () _____ **Cell Phone:** () _____

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 Student Pick-Up policies described above and authorize the Solano Valley Alumnae Chapter to release my child to the persons listed above. I also agree to notify the Solano Valley Alumnae Chapter in writing of any changes to the above list of authorized persons.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date

(Pick-Up Auth 1/2019)

Solano Valley Alumnae Chapter
DELTA SIGMA THETA SORORITY, INC.

OFF-SITE / FIELD TRIP PERMISSION

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____ (“Child”), give permission for my/our Child to participate in the Solano Valley Alumnae Chapter (SVA) Youth Programs’ activities taking place off site. I/we understand that transportation to and from these activities will be arranged by the Chapter youth programs will be provided for my/our Child by the Chapter.

I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity.

I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees.

I/We do hereby agree to release and hold harmless the Initiatives, 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/our child or damage to my/our child’s property arising from my/our child’s participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns.

Parent/Guardian Signature

Date

Parent/Guardian (Print Name) _____

Parent/Guardian Signature

Date

Parent/Guardian (Print Name) _____

(Off Site/Field Trip 1/2019)