



Delta Sigma Theta Sorority, Inc.
Suburban Houston-Fort Bend Alumnae Chapter

**Catching the Dreams of Tomorrow by
Preparing Young Women for the 21st Century**

Participant Application

Personal Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Parent(s)/Guardian(s) _____

Home Phone: _____ Cell Phone: _____

Parent(s) E-mail Address: _____

Current School: _____ Grade: _____

Participant status: First time with Delta Academy _____ Returning participant: _____

Shirt Size (adult): Small Medium Large Extra Large or _____

Why do you want to be involved with Delta Academy? What do you hope to gain or learn by participating in this program?

Statement of Applicant

I hereby state that the information on this application is true and complete. I also do hereby agree to make the necessary commitment to attend as well as participate in each scheduled session/activity.

Applicant Signature: _____ Date: _____

Please return completed and signed application on or before July 31st. After application is reviewed by the program coordinators, an acceptance letter and information packet will be mailed to you. You may send the application to the below address.

**Suburban Houston ~ Fort Bend Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
c/o Delta Academy Coordinators
P.O. Box 2066
Missouri City, TX 77459**

For questions or additional information, please contact Delta Academy Coordinator, Porscha Jackson at ms_porschaj@yahoo.com, (713) 248-5021.

Parental Consent Form

(To be completed and signed by parent/guardian)

Emergency Medical Information

In order to meet all legal requirements, I hereby authorize the members of the Suburban Houston-Fort Bend Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to give consent for my daughter to receive any and all emergency medical care. In the event that I cannot be reached to make emergency medical care arrangements at the time of illness or accident, I hereby authorize the members of the Suburban Houston-Fort Bend Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to take my daughter to the nearest hospital or medical facility.

Doctor's Name and Telephone Number: _____

Insurance Name and Policy Number _____

Medication Allergies/Food Allergies _____

Emergency Contact Person (Please list two (2)):

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

I give permission for my daughter _____ to participate in the 2013-2014 Dr. Betty Shabazz Academy. I understand that it is my sole responsibility to transport my child to and from any related activity. I agree that I will make all arrangements for a competent adult to be responsible for transporting my child to and from events in my absence. I further understand that the program is sponsored by a local chapter of Delta Sigma Theta Sorority Inc., a national sorority and they may be filmed, videotaped or digitally reproduced by the sorority. Thus, I hereby sign my signature below to release, acquit, waive and forever discharge Delta Sigma Theta Sorority Inc., Suburban Houston – Fort Bend Alumnae Chapter of Delta Sigma Theta Sorority, its Board members, officers, assigns and individual members from all, and all manner of action(s), cause(s) of action that may arise for loss of property, personal injury or use of likeness arising out of my daughter's participation with the Delta Academy program.

Parent/Legal Guardian Signature: _____

Date: _____