



Delta Sigma Theta Sorority, Inc. Jacksonville (FL) Alumnae Chapter

Dear Parent/Guardian:

The Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. invites you to join our 2020-2021 EMBODI - **E**mpowering **M**ales to **B**uild **O**pportunities for **D**eveloping **I**ndependence – Program where participants ages 11 to 18, will participate in activities, community service and educational workshops. Participants are expected to attend meetings from September 2020 through April 2021. We are excited about the program, and have planned a wonderful experience for the young males who participate!

The goals of EMBODI are:

- To expand the horizons of young African American males by cultivating a personal vision for their lives.
- To provide tools for participants to attain a higher quality of life.
- To provide participants with an awareness of various college and career options to make rewarding life choices and decisions.
- To create community-minded participants by actively involving them in service learning and community service opportunities.

If you would like your young man to become a part of this rewarding program, please complete the enclosed application packet in its entirety. Please return your completed application packet via mail to Delta Sigma Theta Sorority, Inc. PO Box 2435, Jacksonville, FL 32203, or scan and send via email to DSTJAXEMBODI@gmail.com.

Due to COVID-19 and CDC restrictions, at this time each program day will be held virtually until restrictions are lifted. Attendance still needs to be documented, therefore it is imperative that active participants have access to an electronic device with video capability (i.e. computer/laptop/tablet).

Further information will be shared at the EMBODI participant orientation and kick-off meeting on Saturday, September 26th, 2020 from 10:00am to 12:30pm. Parents/guardians must be in attendance for this kick-off meeting. If you have any questions, please feel free to email the EMBODI Co-Chairs at DSTJAXEMBODI@gmail.com.

Sincerely,

Rhonda Motley
Rhonda Motley
EMBODI Co-Chair
dstjaxembodi@gmail.com

Chiquita Bryant
Chiquita Bryant
EMBODI Co-Chair
dstjaxembodi@gmail.com

Aurelia Williams
Aurelia Williams
JAC President
deltagirl03@gmail.com



Delta Sigma Theta Sorority, Inc.
Jacksonville (FL) Alumnae Chapter
 PO Box 2435
 Jacksonville, FL 32203

EMBODI APPLICATION

Please Print **Legibly**

Student's Information

Name (LAST, FIRST, Middle Initial)		Date of Birth	T-shirt Size
Mailing Address		City/State	Zip Code
Home Telephone ()	Mobile Telephone ()	Student E-mail Address	

Family/Contact Information

Parent/Legal Guardian Name	Cell Phone: () Work Phone: ()	Parent Email
Address (if different from above)		
Please indicate your preferred method of contact		
Phone Call ()	Text messages ()	Email ()
Parent/Legal Guardian Name	Cell Phone: () Work Phone: ()	Parent Email
Address (if different from above)		
Name of Health Insurance	Policy Holder Name	Policy #
Physician	Phone Number ()	
Emergency Contact Name #1	Telephone#: ()	Relationship to Student
Emergency Contact Name #2	Telephone#: ()	Relationship to Student

Authorization Information

Please list all adults, other than Parent/Legal Guardian, authorized to sign the participant in and out of program days or other events sponsored by the Jacksonville (FL) Alumnae Chapter.		
Name	Relationship to Applicant	
Address		
Email Address		
Home Phone Number	Cell Phone Number	Other Number

Name		Relationship to Applicant	
Address			
Email Address			
Home Phone Number	Cell Phone Number		Other Number
Name		Relationship to Applicant	
Address			
Email Address			
Home Phone Number	Cell Phone Number		Other Number
<p>Parental/Legal Guardian Release:</p> <p>I hereby release Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc., and the Grand Chapter of Delta Sigma Theta Sorority, Inc., of any and all liability relating to any physical injury or accidents which may occur as a result of my child's direct or indirect participation in activities or events conducted under the supervision and direction of Delta Sigma Theta Sorority, Incorporated.</p> <p>In the event reasonable attempts to reach me are unsuccessful, I hereby give my consent for emergency medical or dental treatment to be administered to my child. Furthermore, I agree to release Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc., and the Grand Chapter of Delta Sigma Theta Sorority, Inc., from any and all liability associated with the emergency care and treatment of my child.</p> <p>I give permission for my child to be a part of the Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc., EMBODI program. I understand all the rules and regulations of the program, and agree to abide by them.</p> <p>I promise to be an active participant/supporter of my child in this enrichment program.</p>			
Parent/Guardian Signature: X		Date:	
Parent/Guardian Signature: X		Date:	



Delta Sigma Theta Sorority, Inc. Jacksonville (FL) Alumnae Chapter

STUDENT APPLICATION FORM

2020 - 2021

Date: _____

Student Name: _____

Name of Parent/Primary Guardian: _____

DOB: _____ Age: _____ Current Grade: _____

Home Phone: _____

Cell Phone (required): _____

E-mail address (required): _____

School Name: *(Please give FULL name)* _____

Favorite School Subjects: _____

Extra-Curricular Activities: _____

Hobbies: _____

What are your Talents *(What do you do best and/or most like to do)?*

What do you want to gain from participating in the EMBODI Program?

What new subjects would you like to learn about?

(Student Signature and Date)



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PROGRAM LIABILITY WAIVER FORM

This signed agreement officially absolves the Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. and the Grand Chapter of Delta Sigma Theta Sorority, Inc. of any and all liability from any accidents or injuries resulting from you or your child's participation in any activity or event.

Furthermore, it is understood that any and all medical expenses incurred due to injuries sustained at any activity or event organized by the Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is the sole responsibility of the participant in the activity or event and if a minor, the parent or guardian. This is inclusive of pre-existing conditions, which may become aggravated due to you or your child's participation in any activity or event.

It is also understood that no legal action will be brought against Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or subsidiaries or authorized personnel by you or your child because of any matter directly or indirectly related to you and your child's participation in any activity or event held by the Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc.

Parent/Guardian's Authorization (PLEASE PRINT)

As a parent/guardian of (child's name) _____, I request he attend **EMBODI**, and take part in all activities and events. I hereby give my consent to any field trip my son may take while attending **EMBODI**. In case of emergency the committee leader, sub-leader or their representative has my permission to give minor first aid or take my child to an emergency treatment facility.

I, (parent/guardian), _____ further request the committee leader, sub-leader or their representative to call a physician for medical care for my child, _____, should an emergency arise. I understand that the program staff will make a conscientious effort to locate me via the telephone number(s) provided at registration as well as attempting to contact me at _____, before any action is taken but if it is not possible to locate me, I understand that I will accept all medical expenses.

By signing your name, you are stating that you have read and fully understand and are in agreement with this waiver.

(Signature of Parent)

(Date)



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PHOTOGRAPH WAIVER

I, the parent/guardian of (print participant's name) _____
consent to the release of photographs, videos, audio and other related recorded materials
captured during the program's activities. Such materials shall remain the sole property of
EMBODI and shall not be sold to any entity.

**BY MY SIGNATURE, I AM INDICATING THAT I HAVE READ AND
UNDERSTAND THE FOREGOING INFORMATION.**

(Signature of Participant)

(Date)

(Signature of Parent)

(Date)



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EMBODI PARENT CONSENT FORM

Parent/Guardian Name: _____

Student Name: _____

Relationship: _____

Please list any allergies (foods and/or drugs)

Please list any illnesses, medications, medical conditions (i.e. diabetes) or physical limitations that the EMBODI committee members should be aware of:

By my signature below, I hereby verify that the above information is accurate. My signature grants permission for my child to participate in the Empowering Males to Build Opportunities for Developing Independence (EMBODI) Program, field trips, and activities therein. In giving my permission to participate, I understand that he will take part in scheduled meetings, workshops, cultural, educational and recreational programs. I agree to provide transportation for my child to all scheduled meetings and activities. I also agree to facilitate and support my child's timely attendance and participation.

I agree not to hold the Jacksonville (FL) Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or the EMBODI Program and its members responsible and/or liable for any injuries or illnesses that my child may sustain while in attendance at the sessions of the EMBODI Program. I also agree not to hold the above named organization, or its members or appointees individually, liable for the loss or destruction of my child's property.

(Parent/Guardian Signature)

(Date)