



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 2021-2022 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 2021 through May 2022. 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 CDC guidelines, program days may be held virtually or in-person, depending on the activity. Attendance needs to be documented, therefore it is imperative that active participants have access to an electronic device with video & audio capability (i.e. computer/laptop/tablet) AND transportation available for in-person activities.

Further information will be shared at the EMBODI participant orientation and kick-off meeting on Saturday, September 18th, 2021 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 2021 - 2022

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)



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

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)



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

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)



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

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)

APPENDIX A
YOUTH INITIATIVE VIRTUAL MEETING/EVENT
PARTICIPATION AGREEMENT⁴

I/We, _____ ("Parent/Guardian"), as parent(s) or legal guardian(s) of _____, give permission for Delta Sigma Theta Sorority, Inc. ("the Sorority") and the _____ Chapter of Delta Sigma Theta Sorority, Incorporated (the "Chapter", together with the Sorority, "Delta") to host and facilitate closed virtual meetings/events using Zoom ("the Virtual Meeting Platform"), that my/our child will attend during participation in _____ Youth Initiative Program activities, without payment or any consideration and without notifying me in advance and hereby acknowledge, understand, and agree to the terms enumerated below, including the terms set forth on any Schedules attached hereto and incorporated by reference (the "Participation Agreement").

I/We also understand that the Virtual Meeting Platform may collect information about its users and has its own privacy terms and conditions to which users must adhere. I/We will be responsible for reviewing the virtual meeting platform's privacy terms and conditions before registering for virtual meetings/events.

I/We also understand that my/our child will need the following to participate in a virtual meeting platform.

- A computer, mobile, or tablet device with access to the Internet
- A quiet space in which participants can participate in the virtual meeting/event under the supervision of an adult
- Registration for the virtual meeting/event platform and provide some customer data (including but not limited to an email address, first and last name, etc.)

I/We also understand, acknowledge and agree to indemnify, defend, protect and hold harmless the Chapter and any of its officers and members; and the Sorority and any of its officers; National Executive Board; employees; members; representatives; agents; and assigns from and against any and all liability, whether in law or in equity, should there a breach of security of the Virtual Meeting Platform and any subsequent injury, malice, or harm that might occur as a result, and waive and release any and all rights with respect to the same.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; and the Sorority; 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 Virtual Meeting Platform as a venue for meetings or events. 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 and content of the virtual meeting/event, 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 behalf of my/our child.

I/We have fully read and understand the *Code of Conduct* (attached hereto as **Schedule 1**). I understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the program. I further acknowledge, understand, and agree that the sanctions for violating the *Code of Conduct* are reasonable and should my child be non-complaint, they will be subject to the prescribed disciplinary action.

I/We also give permission for the Chapter and the Sorority to highlight my/our child's achievements and activities in efforts to promote the youth initiative program through the Virtual Meeting Platform that will include the use of still photographs, moving images or live images, and chats including, if applicable any sound recordings accompanying the images ("Images") taken of my/our child or provided by my/our child during

participation in the _____ Youth Initiative Program in accordance with the terms set forth in the Media and Publication Releases (attached hereto as **Schedules 2**).

Participant Acknowledgement (Student Participant)

With my parent/guardian, I have fully read and understand the Participation Agreement. I acknowledge that should I fail to abide to the *Code of Conduct* that my actions will be subject disciplinary action as defined. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Participant Signature

Date

Participant Print Name

Parent/Guardian Acknowledgment

I have fully read and understand the *Participation Agreement*. I also understand that my child's compliance with the *Code of Conduct* is a condition of her/his participation in the program. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Parent/Guardian Print Name

APPENDIX A – SCHEDULE 1
YOUTH INITIATIVE VIRTUAL MEETING AND PUBLICITY
CODE OF CONDUCT

The Youth Participant Virtual Meeting and Publicity Code of Conduct serves as codified guidance for youth participation in Delta's Youth Initiative Programs, namely those of a virtual nature. Your signature on the Participation agreement indicates your complete understanding and agreement to comply with this Code of Conduct.

Failure to comply with this Code of Conduct may result in loss of privileges and/or removal from Delta's Virtual Youth Initiative Programs. As a youth participant in Delta's Virtual Youth Initiative Programs you are expected to:

- **Refrain from use of any profane, foul, hurtful, obscene or vulgar language** in any virtual chatroom and during the virtual meetings and events;
- **Refrain from engaging in any violence, cyber-bullying⁷, or other aggressive behaviors** that may threaten the welfare of other participants;
- **Refrain from any disruptive behavior that may disrupt the virtual meetings and events;**
- **Be properly groomed and dressed for all virtual youth initiative meetings and events**, refrain from wearing articles of clothing that displays profane or obscene language and/or images;
- **Keep your camera on at all times during all virtual youth initiative meetings and events;**
- **Provide a noise-free environment while participating in any and all virtual youth initiative meetings and events;**
- **Refrain from taking, presenting, and posting any photographs, screen shots, video recordings, and/or screen recordings of any virtual youth initiative meetings or any confidential information disseminated during any virtual youth initiative meetings;**
- **Refrain from taking, presenting, and posting any and all inappropriate content** including photographs, screen shots, video recordings, and/or screen recordings of any other youth participants of Delta's youth initiative programs;
- **Contact the leader of your youth initiative program if you have any questions or need clarification regarding the Code of conduct.**

SANCTIONS FOR VIOLATING CODE OF CONDUCT

4. **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.*
5. **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.*
6. **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.

APPENDIX A – SCHEDULE 2
MEDIA & PUBLICATION RELEASE

In accordance with the terms of the Participation Agreement, Delta Sigma Theta Sorority, Inc. (“Delta”) will be filming, recording and photographing this event for use in Delta promotional videos, photography, advertisements, social media platforms, web pages, and other future Delta events, as the case may be, (the “Production”). In addition, Delta may use and publicize the name, image, likeness, and any other personal characteristics or other information provided by or related to the Participant that is derived from the filming, recording and photographing of this event for use in Delta videos, photography, articles, as well as any advertising and promotional materials on mediums that may include on-demand, streaming, or other web services, social media platforms, and print news and information outlets, and any other the case may be (the “Publication”).

As specified within the Agreement therein, participant and participant’s parent/guardian (participant and participant’s parent/guardian together, “Participant”), via continued participation in and by continuing to remain logged into this event, hereby:

- (i) acknowledges that Participant may be photographed, filmed or otherwise recorded while on the premises of the event,
- (ii) grants Delta, its successors, assigns and licensees (“Authorized Persons”) irrevocable consent to include Participant’s name, likeness, photographic image, mannerisms and voice or other recording (“Media”) in any Publication or for any purpose whatsoever in any and all mediums now known or hereafter devised throughout the universe in perpetuity without compensation and/or credit,
- (iii) acknowledges no right to review or approve Materials before they are used by Delta, and that Delta has no liability to me for any editing or alteration of the Materials or for any distortion or other effects resulting from Delta’s editing, alteration, or use of the Materials, or Delta’s presentation of me, should Delta choose create or use the Materials or to exercise any rights given by this Agreement,
- (iv) acknowledges that Delta is the exclusive owner of all display, publication, and ownership rights, including copyright, trademarks, and any other intellectual property, from Media and Materials arising in any jurisdiction throughout the universe in perpetuity, including all registration, renewal, and reversion rights, and the right to sue to enforce such intellectual property against infringers,
- (v) acknowledges that Delta holds and shall forever hold all display, publication and ownership rights, licenses and privileges to any and all Media, whether in law or in equity, which may be asserted, ascertained, registered or in any way utilized with respect thereto,
- (vi) waives all legal and equitable rights against Delta and any authorized persons relating to all liabilities, claims, demands, actions, suits, damages, and expenses, including but not limited to claims for copyright or trademark infringement, infringement of moral rights, libel, defamation, invasion of any rights of privacy (including intrusion, false light, public disclosure of private facts, and misappropriation of name or likeness), violation of rights of publicity, physical or emotional injury or distress, or any similar claim or cause of action in tort, contract, or any other legal theory, now known or hereafter known in any jurisdiction throughout the world, arising directly or indirectly from Authorized Persons’ exercise of their rights under this Release and whether resulting in whole or in part from the negligence of the Sorority, the Chapter, or any other persons, and
- (vii) agree that this Agreement cannot be terminated, rescinded, or modified, in whole or in part.

Participant further agrees to abide by and comply with any and all terms of use and/or additional participation rules as applicable and specified during relevant sections of the program and acknowledges, understands, and agrees that violation of such participation rules shall result in legal recourse and disciplinary action.