Dear Parent/Guardian:

The Federal City Alumnae Chapter (The FCAC) of Delta Sigma Theta Sorority, Inc. invites your daughter to participate in its 2019-2020 Dr. Betty Shabazz Delta Academy. Delta Academy is one of the Sorority’s national initiatives for youth. It is named for the outstanding and accomplished widow of Malcolm X, Dr. Betty Shabazz, in recognition of her contributions as an outstanding educator and role model for young women.

The theme of the Delta Academy program is “Embracing Girl Power on Purpose.” The program focuses on social and emotional development, physiological transitioning, and exposure to global ideas and learning opportunities. It is designed to develop young women with positive attitudes towards themselves and others, who are effective problem solvers, and who are confident about their future. The primary goals are to guide girls into womanhood with support and guidance that will teach them how to create opportunities for academic success, to develop their abilities and talents, and to become change agents in their communities.

The FCAC Delta Academy is seeking young ladies of academic and personal promise who are interested in the following: developing leadership skills; pursuing non-traditional careers for women including, math, science, engineering, computers and technology; participating in community action and social change; and learning new things. The program is for young ladies who are 11 - 14 years of age.

Please complete the student application, student pledge form, emergency contact information sheet, and parental consent forms by November 1, 2019, if you would like for your daughter to become a part of this rewarding and exciting experience. The completed application should be submitted to the following email address: deltaacademy@thefcacdst.org. You can also mail the required documents to the address below:

The Federal City Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
The Dr. Betty Shabazz Delta Academy
P.O. Box 1605
Washington, D.C. 20013

Questions and inquiries regarding the Delta Academy program should be sent to deltaacademy@thefcadst.org.
STUDENT APPLICATION FORM

Student Name: __________________________________________

Home Phone: __________________________________________

Date of Birth (mm/dd/yy): ___________________ Age: __________

Current Grade: ____________________________

Address: __________________________________________

City: __________________ State: __________ Zip Code: __________

Parent/Guardian Name(s): ________________________________

Student Cell: __________________________;

Parent/Guardian Cell: ________________________________

Parent/Guardian E-mail address: ________________________________

School Name: (Please give FULL name and address of current school)

____________________________________________________________________

Extra-Curricula Activities/Hobbies: ________________________________

____________________________________________________________________

Have you previously participated in the Dr. Betty Shabazz Delta Academy or any other mentoring program? If yes, which one and when?

____________________________________________________________________

Why are you interested in participating in the Dr. Betty Shabazz Delta Academy?

____________________________________________________________________

____________________________________________________________________
What workshops/community service activities would you like to see included in the program?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Student Signature _______________________________ Date __________________

**Student Commitment and Pledge Contract**

I will strive for discipline and dedication in all that I do.
I will strive to do my best in all that I do.
I will respect others’ space, opinion, and time.
I will listen to what others have to say.
I will respect others’ property.
I will ask for help and help others when needed.
I will be on time for sessions and activities.
I will take responsibility for my actions.
I will not strike out (physically/verbally) in anger.
I will be willing to open my mind to new ideas.

Student Signature _______________________________ Date __________________
PARENTAL AFFIRMATION

I, __________________________________________, Parent/Guardian, under penalty of perjury, do hereby affirm to The Federal City Alumnae Chapter of Delta Sigma Theta Sorority, Inc. that I authorize the participation of _________________________, Participant Minor Child, in the Dr. Betty Shabazz Delta Academy youth initiatives program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

Printed Name: ___________________________ Signature: ____________________________

Date: _______________ Relationship to Child: ____________________________

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 (“Delta”), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns (collectively “Releasees”), 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 Dr. Betty Shabazz Delta Academy Program.

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 Releasee, unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of any Releasee.

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.

Printed Name: ___________________________ Signature: ____________________________

Date: _______________ Relationship to Child: ____________________________
CODE OF CONDUCT FOR YOUTH
PARTICIPATING IN YOUTH INITIATIVES PROGRAM

1. Respect all participants (other youths 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 other, which 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.
6. Respect designated quiet areas, such as homework/reading area.
7. Stay within the program’s designated areas within the building.
8. 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.

SANCTIONS FOR VIOLATING CODE OF CONDUCT

Bad Language/Abusive Teasing and Related Acts:
1st Time: Verbal warning, parent/guardian notified from this point forward
2nd Time: Loss of privileges
3rd Time: 1 meeting 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
2nd Time: 1 meeting suspension from program
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.
The Federal City Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Dr. Betty Shabazz Delta Academy

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*.

____________________  ________________________  _______________
Student Print Name     Signature                  Date

**************

I have read and understand the *Code of Conduct* and 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 **Dr. Betty Shabazz Delta Academy** program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

____________________  ________________________  _______________
Parent/Guardian Print Name  Signature  Date
EMERGENCY CONTACT INFORMATION

Parent/Guardian #1
Name: _________________________________ Relationship: _______________________

Street Address: _____________________________________________________________

City: __________________ State: ___________ Zip Code: _______________________

Home Phone: ___________ Work Phone: ___________ Cell Phone: ___________

E-mail address: _____________________________________________________________

Parent/Guardian #2
Name: _________________________________ Relationship: _______________________

Street Address: _____________________________________________________________

City: __________________ State: ___________ Zip Code: _______________________

Home Phone: ___________ Work Phone: ___________ Cell Phone: ___________

E-mail address: _____________________________________________________________

If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _________________________________ Relationship to Student: _______________

Home Phone: ___________ Work Phone: ___________ Cell Phone: ___________

Name: _________________________________ Relationship to Student _______________

Home Phone: ___________ Work Phone: ___________ Cell Phone: ___________

In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We 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/our insurance company.

Parent/Guardian Signature: _________________________________ Date: __________
CONFIDENTIALITY POLICY

It is the policy of The Federal City Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, The Federal City 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 Dr. Betty Shabazz Delta Academy program and to better serve the needs of the youth participants, The Federal City 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 participant;
- School participant attends;
- Names and addresses of parents or guardian;
- Medications and physical conditions/limitations; or
- 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 a 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 The Federal City 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 The Federal City 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 this Confidentiality Policy.

**Requests 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 participant expressly permitting the release of the requested information.

**Violations 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, The Federal City 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.
PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM

I, ________________________________ (“Parent/Guardian”), as parent(s) or legal guardian(s) of __________________________, give permission to The Federal City 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 at the Dr. Betty Shabazz Delta Academy Youth Initiative Program without payment or any consideration and without notifying me.

I understand and agree that these Images will become the property of the Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorize the Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the Dr. Betty Shabazz Delta Academy 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 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, her heirs, representatives, executors, administrators, or any other persons acting on 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 hereby certify that I am the parent/guardian of ________________________________, and do hereby give consent without reservation to the foregoing on behalf of my child.

______________________________  ________________________________  ____________________
Print Name                  Signature                  Date
DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY

It is the policy of The Federal City Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign in and out of its Dr. Betty Shabazz Delta Academy, Youth Initiative Program ("Program"). The required sign in/sign out procedures follow:

1. The chapter shall maintain and use a sign in log that reflects the following: name of the youth initiative; the date; the time in and the time out; and the names of the participants, with a column for the participant and visitors to check her/their status (as member, youth, volunteer, or visitor). The form should distinguish whether a member is assisting with the Program or is a visitor/observer.

2. Only authorized persons (those identified in writing) will be allowed to pick up a participant from the Program. Volunteers shall refuse to release a participant to any person, whether related or unrelated to the youth, who has not been authorized, in writing, by the parent or guardian to receive the youth.

3. One of the following procedures shall be observed during departure and return:

   a. Parents or an authorized representative will sign out youth.

   b. Older youth who have written parental permission will be allowed to leave the program on their own. Members will establish a system where the youth check themselves out with an approved volunteer; the approved volunteer will ensure that the youth signed out and initial the attendance sheet.
YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the Dr. Betty Shabazz Delta Academy 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 names 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 Federal City Alumnae Chapter to release my child to the persons listed above. I also agree to notify The Federal City Alumnae Chapter in writing of any changes to the above list of authorized persons.

Parent/Guardian Signature: __________________________ Date: __________
FIELD TRIP PERMISSION SLIP

I, _______________________________________ ("Parent/Guardian"), as parent or legal guardian of ___________________________________ ("Child"), give permission for my Child to participate in The Federal City Alumnae Youth Initiatives Program’s (the “Initiatives”) activities taking place off site.

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

I 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 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 child or damage to my 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________________