

**Delta Sigma Theta Sorority, Incorporated
Lexington (KY) Alumnae Chapter
P.O. Box 1229
Lexington, KY 40588**

Greetings Parents and Prospective Participants,

Delta Sigma Theta Sorority, Inc., Lexington Alumnae chapter is proud to present and to extend an invitation for participation in the Delta GEMS. The acronym GEMS stands for Growing and Empowering Myself Successfully. This program is designed for young ladies in 9th -12th grades. The goals of Delta GEMS are to: instill the need to excel academically; provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success; to assist in proper goal setting and planning for their futures in high school and beyond; and create compassionate, caring and community minded young women while actively involving them in service advocacy and community service opportunities. We are excited to extend programming for the school year that will move these young women to empowerment and the path of planning their future.

Please join us on October 21, 2017 at 10:00 am at Valvoline headquarters for more information. The informational session will be followed by a tour of the laboratory which will give a glimpse into the science and technology fields that are available to our children. Valvoline is located at 100 Valvoline Way, Lexington, KY 40509.

There is no fee for this program.

Hope to see you there. Information concerning applications will be provided at the meeting.

Sincerely,

Rosie N. Harless, President
Delta Sigma Theta Sorority, Incorporated
Lexington (KY) Alumnae Chapter

Yaron L. Griffin, Chair
Weathers14@hotmail.com
(859)552-7466

DELTA GEMS APPLICATION

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ Zip: _____ Cell number: (____) _____

Date of Birth: ____/____/____ School: _____ Grade: _____

Please use the space below to tell us about your involvement in school and the community.

School Involvement (i.e. math club, cheerleading, track, etc)

Community Service, Hobbies, Interests:

Your current career goals:

Please compose a one page typewritten essay describing *"Why you want to join the Delta GEMS?"* Please include what you would like to get out of the program.

STATEMENT OF INTEGRITY/ COMMITMENT

As a participant, I hereby agree to participate in the 2017-2018 Delta GEMS program. I will attend at least 90% of the scheduled events for the year. I agree that I will actively participate in the activities created, to help me learn more about the world, and myself and create my brand that I will represent to the world. I hereby state that by signing this document that all work turned in to the program for selection is my original work. If plagiarism or undue assistance is discovered, I understand that I will be asked to leave the program.

As a parent, I hereby agree to be an active supporter of the Delta GEMS, by transporting my child to Delta GEMS meetings and/or activities, reinforcing the lessons taught at the academy, and to be actively involved in my child's quest to become better.

Applicant's Signature

Date

Parent's Signature

Date

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Cell Number: (____) _____ Alternate number: (____) _____

E-mail Address: _____

First Name: _____ Last Name: _____

Cell Number: (____) _____ Alternate number: (____) _____

E-mail Address: _____

MEDICAL RELEASE/ EMERGENCY CONTACT INFORMATION

Please list any known allergies and describe any physical limitations of the applicant:

Doctor's Name: _____ Doctor's number: _____

Insurance Carrier: _____ Insurance Carrier phone number: _____

Policy #: _____ Group #: _____

Please list the names and phone numbers of those to contact in the event of an emergency (other than parents).

| | Name | Phone | Relationship to Applicant |
|----|-------------|--------------|----------------------------------|
| 1. | _____ | _____ | _____ |

| | | | |
|----|-------|-------|-------|
| 2. | _____ | _____ | _____ |
|----|-------|-------|-------|

WAIVER

I understand that the above named minor will be under the leadership and supervision of persons approved by Delta Sigma Theta Sorority, Inc. I expect the above named minor to respect and obey the authority of the leaders. Further, I hereby release, waive, indemnify and hold harmless Delta Sigma Theta Sorority, Inc. and its agents/representatives in the event of injury to my child and hereby waive, release and forever discharge any and all rights and claims against them. I further understand that Delta Sigma Theta Sorority, Inc. or its representatives will not provide any form of medical insurance and that Delta Sigma Theta Sorority, Inc. or its agents/representatives will not be responsible for any expenses incurred as a result of injury, illness, loss, or accident, to the person(s) or property of my child while on this trip or attending this function.

In case of an emergency, I give the agents/representatives of Delta Sigma Theta Sorority, Inc. permission to secure emergency care for my child in my absence. I further understand that any payments of monies by Delta Sigma Theta Sorority, Inc. toward my out-of-pocket medical expenses, such as co-pays, now and in the future is not an admission of

fault or liability for the injury sustained by my child and shall not be construed as such now or in the future. I further understand and agree to reimburse Delta Sigma Theta Sorority, Inc. for any medical expenses incurred on my behalf. I understand that during the program my child will be discussing health issues including but not limited to sexually transmitted diseases, pregnancy, and contraception. I have the option of attending this discuss with my child or decide if my child shall participate.

MEDIA RELEASE: I consent to have my child photographed, videotaped, and/or audio taped by Delta Sigma Theta Sorority, Inc. or its agents/representatives as well as the use of creative works produced by my child for means of public display for promotional purposes. I release and hold harmless Delta Sigma Theta Sorority, Inc. of any and all claims or liability that shall arise by the use of my child's creative work(s), photograph, likeness or voice. I agree that no monies or other consideration in any form will become due because of my child's participation in any of the above activities.

Parent's Signature

Date