



*Delta Sigma Theta Sorority, Inc.*  
*Baltimore County Alumnae Chapter*

*Delta Academy II*  
**Delta G.E.M.S. Application**  
**2009-2010**

**Personal Profile**

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Information**

In the event of an emergency please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number and Cell Number: \_\_\_\_\_

**Applicant Information**

What did you learn from your past participation n the Delta GEMS program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which workshops did you enjoy the most?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Which workshops did you like the least?

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What types of activities/workshops would you like to see?

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**Parental Consent**

I, \_\_\_\_\_, give consent for \_\_\_\_\_  
(Print name of Parent/Guardian) (Printed name of Child)

To participate in all activities organized by or through Delta GEMS Program of the Baltimore County Alumnae and the Mu Psi Chapters of Delta Sigma Theta Sorority, Inc. I grant permission to make photographic records (website, newsletter, flyers, brochures, etc.) for promotional purposes without recourse or compensation.

I also grant permission for the leader in charge or designee to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I authorize \_\_\_\_\_ to be contacted in case of an emergency or if I cannot be reached. His/her

home phone number is \_\_\_\_\_ and work/cell phone number is \_\_\_\_\_

Does your child have any medical conditions? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the nature of the medical condition:

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### **Parental Consent/Agreement**

I also understand that in order for BCAC and Mu Psi Delta GEMS to maintain a safe and healthy environment for all children, drugs, alcohol, violence abusive language and misconduct will not be tolerated at any activity. Therefore, I understand that it will be my responsibility to pick up my child immediately if my child is removed for disciplinary reasons.

I also agree to hold harmless the organization, Baltimore County Alumnae and Mu Psi Chapters of Delta Sigma Theta Sorority, Inc. or its members, of any responsibility or liability for any injury or accident, which may occur through participation in activities this program year. This agreement is effective for the Delta GEMS program year of 2008-2009. By signing, I fully acknowledge and understand the above agreement.

I understand, having read and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2008-2009 **Delta GEMS** Program.

\_\_\_\_\_  
Signature, Parent/Guardian

\_\_\_\_\_  
Date

**\*\*\*You must attend the Delta GEMS Orientation and Welcome Ceremony in order to participate in the program.\*\*\***

