

# Delta Sigma Theta Sorority, Inc.

## Denver Alumnae Chapter

### Dr. Betty Shabazz Delta Academy

*For young ladies ages 11-14 (Grades 6-8) who are in middle school.*

### 2016-2017 Application for Participation

Program Chairs: Michelle Ruffin and Arnetta Koger



August 2, 2016

Greetings,

Welcome to one of our three youth initiatives, Delta Academy! Delta Academy is designed to develop young women with positive attitudes towards themselves and others, create optimistic problem solvers, and excite them to have confidence about their futures.

Delta Academy provides supervised and structured experiences that will assist participants in growing to become productive citizens with high self-esteem, that are technically savvy in an increasingly technological society, and that understand the value of community service.

The application should be completed in its entirety and received or postmarked to be received no later than Saturday, October 8, 2016. The application consists of:

- **Delta Academy Application**  
The Delta Academy Application form provides us with relevant personal information that allows us to communicate with the participants and their families. These forms are only viewed by the committee chairpersons.
- **Parental Affirmation**  
The Parental Affirmation form helps us to affirm that you are in agreement with your child participating in the Delta Academy program.
- **Code of Conduct for Youth**  
The Code of Conduct form affirms that you and your child understand the expectations of the program and what we and the counselors expect from your child.
- **Youth Pick up Authorization**  
The Youth Pick-up authorization helps us to know who will be picking up your child with your permission. Please list all family and friends that may potentially be picking your child up from the Delta Academy business meeting and activities.
- **Allergy Form**  
The Allergy form provides us with information about your child's allergy and the symptoms that are presented when there is an allergic reaction. **This form is to be completed only if your child carries an Epi-Pen.** We will not be administering medication.

We will be hosting our open house **on Saturday, September 17, 2016 from 10:00 a.m. - 12:00 p.m.** at **New Hope Baptist Church, 3701 Colorado Blvd., Denver, CO 80205** in our Education Center on the **2<sup>nd</sup> floor** in classrooms **5-6**. The first business meeting will be **Saturday, October 8, from 10:00 a.m.-12:00 p.m. at New Hope Baptist Church.**

If you have any questions, please contact Michelle Ruffin at (303) 880-5526 or Arnetta Koger at (708) 897-6796. You can also e-mail us at [deltaacademydac@gmail.com](mailto:deltaacademydac@gmail.com)

**Return completed application via email to [deltaacademydac@gmail.com](mailto:deltaacademydac@gmail.com), hand deliver on September 17<sup>th</sup> or October 8<sup>th</sup>, or mail to Michelle Ruffin to be received by October 8<sup>th</sup>:**

Michelle Ruffin -16256 E. Aberdeen Ave, Centennial, CO 80016 (303) 880-5526 mobile



## Parental Affirmation



I, \_\_\_\_\_, Parent/Guardian, under penalty of perjury, do hereby affirm to the **Denver Alumnae Chapter** of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of \_\_\_\_\_, Participant Minor Child, in the **Denver 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 "Releases"), 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 **Denver 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 Releasees, 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.

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

Date: \_\_\_\_\_



## ALLERGY PROTOCOL FORM

(To Be Completed Only if Child Has Allergies)

**We will CALL 911 if your child is in Respiratory Distress**

Child's Name:		
Parents Names:	Mother:	
	Father:	
ALLERGIES (Please list all)	REACTION	TREATMENT
Primary Emergency Contact (name and phone number)		
Child's Date of Birth:	Child's Family Physician (Name)	Phone:

### AUTHORIZATION TO ADMINISTER MEDICATION

I, \_\_\_\_\_, hereby authorize and instruct the members of Denver  
(print name of parent/guardian)

Alumnae Chapter of Delta Sigma Theta Sorority, Inc., to administer, \_\_\_\_\_,  
(print name of medication)

medication to \_\_\_\_\_ in the dosage \_\_\_\_\_.  
(print name of student) (amount or dosage)

As prescribed by and dispensed under \_\_\_\_\_  
(name of doctor including initial)

Prescription number \_\_\_\_\_ (*this number must match the label*).

I understand that the medication must be in the original container and properly labeled with the student's names, date of issue, name of prescribing physician, dosage, and instructions. Staff will keep a record of when medication was administered.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Name (printed)



## 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 others. This 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 at any time.

### **Sanctions for Violating Code of Conduct**

#### **Bad Language/Abusive Teasing and Related Acts:**

1<sup>st</sup> Time: Verbal warning, parent or guardian notified from this point forward

2<sup>nd</sup> Time: Loss of privileges

3<sup>rd</sup> Time: 1-day suspension from program

4<sup>th</sup> Time: 1-week suspension from program

***Next occurrence youth is removed from the program.***

#### **Physical Violence and Other Misconduct:**

1<sup>st</sup> Time: Removal from situation, loss of privileges, guardian notified from this point forward

2<sup>nd</sup> Time: 1-day suspension from program

3<sup>rd</sup> Time: 1-week suspension from program

***Next occurrence youth is removed from the program.***

#### **Illegal Substances or Dangerous Weapons**

1<sup>st</sup> 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.



### Code of Conduct for Youth (cont.)

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*.

\_\_\_\_\_  
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 **Denver Delta Academy** program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_



## **Delta Academy Dress Code**

The 2<sup>nd</sup> Saturday of each month is the Delta Academy business meeting unless otherwise noted. The appropriate attire is expected. A Delta Academy advisor will have a private discussion with you if you are not properly dressed at meetings/events.

### **Acceptable**

- Only dark wash jeans, dresses, and knee length skirts are considered appropriate attire for meetings.
- Only plain, plaid, or striped shirts are acceptable.
- Hemlines and necklines should be modest (avoid visual cleavage or chest exposure).
- Sleeves are required on all shirts and tops. Thin straps must be covered with a sweater.
- Jeggings and leggings are permitted, however, a sweater, shirt or top must cover the buttocks.

### **Unacceptable**

- No tight clothing.
- No low riding jeans or miniskirts.
- No acid wash, light colored, distressed, or ripped jeans, including cutoff jeans or jeans with holes.
- No pajama pants, joggers, or doctor's scrubs.
- No shorts.
- Thigh high skirts and dresses are inappropriate.
- No shirts revealing the belly button.
- No shirts with words or symbols.
- No clothing showing under garments.
- No t-shirts with slanderous slogans or offensive language.
- No spaghetti strap tops, halter tops, or tube tank tops.
- No head rags, curlers, or wave caps.
- Shoes must be worn at all times.
- No house slippers, house shoes, or flip flops.
- No coats or jackets are to be worn during the meeting.

***Delta Sigma Theta Sorority, Inc. reserves the right to amend this list at any time.***



## Youth Pick-up Authorization Form

I authorize the persons listed below to pick-up my child from the **Denver 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 a 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 **Denver Alumnae Chapter** to release my child to the persons listed above. I also agree to notify the **Denver Alumnae Chapter** in writing of any changes to the above list of authorized persons.*

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_