



Membership Application for the Jeanne L. Noble GEMS Institute

Dr. Jeanne L. Noble GEMS Institute, a national signature program of Delta Sigma Theta Sorority, Inc., was designed to serve as a catalyst for young African-American women to enhance their abilities in order to achieve academic excellence.

First Name

Last Name

Age

Name of School

Grade

Student Email

Student Phone Number

Parents' Name

Parents' Phone Number

Parents' Email Address

Address

City/State

Zip Code

**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. 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:

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1-day suspension from program

4th Time: 1-week suspension from program

Next occurrence youth is removed from the program.

Physical Violence and Other Misconduct:

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

2nd Time: 1-day suspension from program

3rd Time: 1-week 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.

Attendance Policy:

Regular attendances to all Delta GEMS meetings are **essential** to the educational success and development of each young lady. **Participants are expected to attend 90% of the Delta GEMS meetings.** All participants should arrive and depart all scheduled meetings on time. If your child is unable to attend due to an emergency please notify Delta GEMS personnel 24 hours before at deltagems@dstkcmo.org.

Defiance of Authority:

All participants are required to adhere to all Delta GEMS Personnel. Every participant should come to the program with a positive attitude and show respect to self, their peers and Delta GEMS personnel. **Cell Phones need to be placed in a purse or bag during all sessions. If spotted during any session then it will be taken by Delta GEMS personnel until the end of the session.**

Participants

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

Parents/ Guardians

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 participation in the Delta GEMS program. I agree that the sanctions for violating the *Code of Conduct* are reasonable and will help my child comply.

Print Name (Signature)

Date

PARENTAL AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the **Kansas City Missouri Chapter of Delta Sigma Theta Sorority, Incorporated** that I authorize the participation of _____, Participant Minor Child, in **the Delta GEMS** 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 **Delta GEMS 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

YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the **Delta GEMS** 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 _____

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the Kansas City, Missouri Chapter to release my child to the persons listed above. I also agree to notify the Kansas City, Missouri Chapter in writing of any changes to the above list of authorized persons.

Parent/ Guardian 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 _____

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION FORM

Health History:

Child's Name (Last, First, M.I.): _____
Gender (check one): Male _____ Female _____ DOB (mm/dd/yy) _____
Parent/Guardian Name: _____
Does Parent/Guardian live in home with child? Yes No
Parent/Guardian Name: _____
Does Parent/Guardian live at home with child? Yes No
Is/Has child been under regular supervision of a physician? Yes No
Name and address of physician: _____
Date of last physical exam: _____

Health and Developmental History:

Childhood illness: Check any that apply
 Measles Mumps Asthma Chickenpox Rheumatic Fever
 Hay Fever Diabetes Epilepsy Whooping Cough Poliomyelitis
 Ten-Day Measles (Rubella) Three-Day Measles (Rubella)
Other (please list):

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child's participation in this youth initiatives program? (circle one) Yes No
If yes, please provide detailed explanation

Does child have any significant food/medication/environmental allergies that may require emergency medical care at this youth initiatives program? (circle one) Yes No
If yes, please provide detailed explanation

Specify any other serious or severe illnesses or accidents:
Does child take prescribed medications?

Name the medications:

Frequency Taken: _____
(For any medications or treatment required during the course of the _____ Youth Initiatives Program, a Medication Authorization Form should be completed and submitted with this form.)
Does child take any over the counter medications frequently?
Name the medications: _____
Frequency Taken: _____
Does child have any allergies?
Specify: _____
Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.)

**PARENTAL PERMISSION FORM
ADMINISTRATION OF PRESCRIPTION MEDICATION**

I/We hereby give permission for _____ to take _____ at the **Delta GEMS program** as ordered by her physician identified above. I/We understand that it is my/our child's responsibility to report to _____ at the appropriate time for the administration of the medication. I/We further understand that it is my/our responsibility to furnish this medication and any authorized refills. I/We further understand that **Delta Sigma Theta Sorority, Incorporated** ("Delta"), its officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, assigns, the **Delta GEMS program**, its agents, and/or any employee who administers any drug to my/our child, in accordance with written instructions from the prescriber, shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my/our child due to the administration or failure to provide the drug. The **Delta GEMS program** reserves the right to refrain from administering medication if in the judgment of the **Delta GEMS program**, or other authorized Program officer, agent, or employee the circumstances do not warrant medication administration.

I/We understand that the medication must be brought to the **Delta GEMS program** by me/us in the original appropriately labeled container. If I/we cannot bring the medication to the **Delta GEMS program**, I/we will call the **Delta GEMS program** to inform them that my/our child will be bringing it, indicating the amount of medication in the container.

Parent/Guardian's Signature _____ Date _____