



Dear Parent/Guardian,

This letter invites you to participate in the Self-Awareness Self-Esteem (SASE) Program. We have planned an incredible year for you. The SASE Program is designed for Washington DC boys and girls between the ages of 13-18. The program includes a series of programs to take place during the academic year to enhance the self-awareness and self-esteem of the participating teens. This exciting program will allow participants to engage in discussions and activities related to mental and physical well-being, cultural heritage, and self-motivation.

The program sessions will take place on the following dates from 10 am until 2 pm:

- Saturday, November 20, 2010 (Community Service Project-“Project Giveback”)
- Saturday, December 4, 2010 -My Motivated Self
- Monday, January 17, 2011(Community Service Project-“We Feed Our People” at MLK Library)
- Saturday, February 19, 2011-My Cultural Self
- Saturday, March 5, 2011-My Mental & Physical Self

The program location:

Howard University, Armour J. Blackburn Center
Main Campus, 2397 Sixth St. NW Washington, DC 20059
202-806-5983

Participation requires completion of the enclosed application. Applications must be received no later than **Wednesday, November 30, 2010**. Applications received after this date will be placed on a waiting list. Please be sure to complete all of the forms enclosed in this packet. Day-of registrations will be offered if the participant is accompanied by a parent/guardian.

Please return all applications to:

SASE Committee
Attention: Reginald Waters
P.O. Box 78212 Washington, DC 20013
or by Fax: 888-259-4398

Thank you in advance for your cooperation and assistance. We look forward to your participation in the program. For additional information visit our website at www.wdcac.org.

Sincerely,
SASE Program Team

Sponsored by: The Washington, D.C. Alumnae Chapter Delta Sigma Theta Sorority, Inc. & The Alpha Omega Chapter Omega Psi Phi Fraternity, Inc.

P.O. Box 90202, Washington, D.C. 20090-0202

In the event of an emergency, attempts will be made to contact me or the person named above. I hereby provide consent enabling Delta Sigma Theta Sorority, Inc., Washington DC Alumnae Chapter and/or Omega Psi Phi Fraternity, Inc. Alpha Omega Chapter to seek any and all medical treatment, including transporting my son/daughter to the nearest emergency facility.

Parent/Guardian Signature: _____ Date: _____

PARENTAL/GUARDIAN CONSENT AGREEMENT FORMS

_____,
Students Name has my permission to participate in all programs and activities related to the SASE Program. I will facilitate and support my child's timely attendance and participation. I grant permission to use photographic records (website, newsletter flyers) for promotional purposes without recourse or compensation and optional use on the official chapter Facebook Pages of the hosting organizations (for the purposes of social networking and/or communication with the SASE participants).

I hereby release the Washington DC Alumnae Chapter of Delta Sigma Theta Sorority, Inc, the Alpha Omega Chapter of Omega Psi Phi Fraternity, Inc and all adult leaders of the SASE Program from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this activity, or in traveling to and from such field trip destinations. I also agree not to hold the above named organizations, its members or appointees individually, liable for the loss or destruction of personal property.

Parent/Guardian Signature: _____ Date: _____