



**Participant Information**

Name: \_\_\_\_\_  
First Middle Last

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Month Day Year

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Suite or Apartment

City State Zip

Email: \_\_\_\_\_ School: \_\_\_\_\_

List the extra-curricular school activities in which you will participate:

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

What career do you see yourself in after high school and college?

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

**Parent/Guardian Information**

Name: \_\_\_\_\_  
First Last

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Contact Phone

Please list any illnesses or allergies that the members of Delta Sigma Theta Sorority, Inc. should be made aware of: (Please note: It is not within our authority to administer medication of any kind to your daughter)

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In the event of an emergency, an attempt will be made to contact the parent/guardian or the emergency contact listed above. I hereby give consent to members of Delta Sigma Theta Sorority, Inc., Washington DC Alumnae Chapter to contact emergency services, if necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental/Guardian Consent Agreement Form**

\_\_\_\_\_, has my permission to participate in all programs and activities Students Name related to the GEMS Program. I will facilitate and support my child's timely attendance and participation. I grant permission to use video and photographic records (website, newsletter flyers) only for promotional purposes without recourse or compensation.

I hereby release the Washington DC Alumnae Chapter of Delta Sigma Theta Sorority, Inc., and all adult leaders of the GEMS 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. 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: \_\_\_\_\_