



DELTA SIGMA THETA SORORITY, INCORPORATED

Baton Rouge Delta Alumnae Chapter

DR. BETTY SHABAZZ DELTA ACADEMY

"Catching the Dreams of Tomorrow, Preparing Girls for Success in the 21st Century"

Dear Parent/Guardian:

The women of the Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Inc. would like to extend an invitation to your daughter to participate in the Dr. Betty Shabazz Delta Academy.

The Delta Academy is designed for young ladies 11 to 14 years of age. The Delta Academy was created out of an urgent sense that bold action was needed to save our young females (ages 11-14) from the perils of academic failure, low self-esteem, and crippled futures. The program provides an opportunity for our chapter to enrich and enhance the education that our young teens receive in schools across the nation. Specifically, we augment their scholarship in math, science, and technology, their opportunities to provide service in the form of leadership through service learning, and their sisterhood defined as the cultivation and maintenance of relationships. A primary goal of the program is to prepare young girls for full participation as leaders in the 21st Century.

Monthly Delta Academy meetings will be held the third Tuesday of every month at the Baton Rouge Delta Alumnae Chapter House (926 Harding Blvd.) at 6 pm. Sessions will last approximately two hours. In addition to the monthly sessions, the young ladies will participate in two community service activities.

If you would like your daughter to become a part of this rewarding experience, please complete the enclosed application packet in its entirety (student application, parent consent, media consent, student health history, HIV/AIDS awareness permission, and contract of conduct). Applications without signatures will not be processed until complete. The completed application packet should be submitted no later than Tuesday, September 17, 2013.

If you have any questions, please feel free to contact Ms. Tremaine Sanders, Committee Chair, via email at brd_deltaacademy@yahoo.com or via phone at (225) 329-3131.

Ms. Tremaine M. Sanders,
Delta Academy Committee Chairperson
Delta Sigma Theta Sorority, Inc.
Baton Rouge Delta Alumnae Chapter
Post Office Box 74139
Baton Rouge, LA 70807-4139



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PARTICIPANT APPLICATION FORM

2013-2014

Name: _____

Age: _____ Current Grade: _____

Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School Name: *(Please give FULL name and address)* _____

Favorite School Subjects: _____

Extra-Curricular Activities: _____

Hobbies/Talents: _____

Which school subject do you need help with most? _____ Science _____ Math

What do you want to gain from participating in the Dr. Betty Shabazz Delta Academy?

Participant Signature

Date



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PARENT/GUARDIAN FORM

2013-2014

Parent/Guardian Name: _____

Relationship: _____

Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

How did you learn about the Dr. Betty Shabazz Delta Academy? _____

Delta Sigma Theta Sorority, Inc. Connection:

Are you a member of Delta Sigma Theta Sorority, Inc.? ____ Yes ____ No

If active, please provide chapter name: _____

Is a relative a member? ____ Yes ____ No If yes, relationship: _____

If relative is active, please provide chapter name: _____



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CONTRACT OF CONDUCT

As a member (or parent) of Dr. Betty Shabazz Delta Academy:

- I will respect everyone's privacy and right to an opinion,
- I will show everyone respect,
- I will listen to others without interrupting,
- I will not participate in teasing, prying, or bullying,
- I will trust my group members and group leaders.
- I promise to make my best effort to be honest, accepting that no one is perfect and everyone makes mistakes from time to time,
- I will actively participate in all sessions and complete all assignments,
- I will arrive for each session on time,
- I will not participate in any activity or conduct such as illegal activities, fighting, pregnancy, cursing, etc..... that do not meet the standards of the program. Participation in such events will cause dismissal from the program.
- I understand that more than two unexcused absences may result in me being dropped from the program and may also prohibit me from being able to participate in other Delta Academy activities.

Parent/Guardian:

- I will ensure that my daughter is dropped off and picked up on time for each session.
- I will participate in activities where parental support is requested.
- I will support the purposes of the program by encouraging my daughter to do her very best in all activities and completion of all assignments.

We have read the above, the *Code of Conduct*, and sanctions for violating the Code. We understand that compliance with the *Code of Conduct* is a condition of participation in Delta Academy. We agree to follow the above and the detailed *Code of Conduct*.

Participant Signature

Parent/Guardian Signature

Date



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HIV/AIDS PERMISSION FORM

I, _____, grant permission for my
child, _____, to participate in
HIV/AIDS discussion as it relates to the "Sisterhood" component of Delta Academy.

Parent/Guardian Signature

Date



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APPLICATION SUBMISSION

All applications materials must be completed, signed, and submitted no later than Tuesday, September 17, 2013.

If you have questions/concerns, please contact Ms. Tremaine Sanders at (225) 329-3131 or brd_deltaacademy@yahoo.com.

Completed Application Packets must include the following:

- Copy of last school year final report card, LEAP or iLEAP scores
- Completed *Student Application Form*
- Signed *Parent/Guardian Form*
- Signed *Contract of Conduct Form*
- Signed *HIV/AIDS Education Permission Form*
- Completed *DST Rick Management Parental Affirmation*

Participant's T-Shirt Size (Adult Sizes): ___ XS ___ S ___ M ___ L ___ XL ___ 2XL

By my signature below, I hereby verify that all information included in this application is accurate.

Student Signature

Date

Parent/Guardian Signature

Date



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Delta Sigma Theta Sorority, Incorporated is a national public service sorority of college-educated women committed to improving communities and empowering families to live their best life. The Sorority's dedication to enhancing the life of others is realized through its five-point program initiatives: Educational Development; Economic Development; Physical and Mental Health; Political Awareness and Involvement; and International Awareness and Involvement.

The Dr. Betty Shabazz Delta Academy is a national program for middle school girls. It focuses on providing experiences and opportunities to enhance academic, social, and intellectual development, with specific emphasis on maximizing the potential to gain access to math, science, leadership, and technology experiences. The program also focuses on improving self-esteem, self-motivation, and developing life skills.

General Information

- A. The program is designed for middle school girls who have limited opportunities to achieve success and who are interested in math, science, technology, or careers that are considered nontraditional for women.
- B. Monthly meetings are held the third Tuesday of each month to provide hands-on activities in Science, Technology, Engineering, and Math (STEM). Sessions on reading, self-esteem, health issues, off-site visits, and field trips are also included.
- C. Goals and Objectives:
 - Scholarship**--support and encourage young girls to reach their academic potential
 - Sisterhood**--teach cultural, social, spiritual, moral beliefs, and values and encourage sisterly and helpful attitudes toward the program and others
 - Service**--participate in organization and community service projects.
- D. Activities include but are not limited to the following:
Parent/Daughter Orientation, assessment in math and science, computer training; Science in Everyday Experiences (SEE), HIV/AIDS awareness seminar, study techniques, cultural activities for members in 'good standing' as described in the **Code of Conduct**, Career Expo, End of the Year Awards Ceremony, tutorial assistance, mandatory young adult book essay, and mandatory African American Women in History project.
- E. Service Projects will include but are not limited to the following:

St. Vincent DePaul Dining Hall, MLK Day of Service, Holiday Helpers, Parker House, etc.

F. Membership Criteria:

- Attend middle school or MUST be 11-14 years of age
- Copy of last school year final report card, LEAP or iLEAP scores
- Completed *Student Application Form*
- Signed *Parent/Guardian Form*
- Signed *Contract of Conduct Form*
- Signed *HIV/AIDS Education Permission Form*
- Completed *DST Risk Management Parental Affirmation*
- Attended the mandatory parent/participant orientation



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CODE OF CONDUCT

1. Membership in the Dr. Betty Shabazz Delta Academy requires a strong level of commitment and responsibility by parents and participants. All parents and participants must agree to be governed by the *Code of Conduct*, which addresses in detail: expectations, attendance, behavior, participation, dress and appearance, academic progress, disciplinary action, fees, fundraising, awards, and leadership roles.
2. The official name of the program is the Baton Rouge Delta Alumnae Chapter "Dr. Betty Shabazz Delta Academy." This is a national initiative of Delta Sigma Theta Sorority, Incorporated, which is anchored in the basic tenet of Sisterhood, Scholarship, and Service. The theme is "Catching the Dreams of Tomorrow; Preparing Young Women for the 21st Century."
3. The official observance day for the organization is the third Tuesday in each month.
4. The dress code is neat, clean, and casual clothing. Sleeveless tops, short skirts/shorts, belly shirts, and low riding pants are unacceptable.
5. Respect and courtesy must be rendered to all adults and peers at all times.
6. Participants must strive for academic progress while in the program. Participants must submit a copy of each report card/progress report at the first meeting following receipt of the report card/progress report.
7. Meetings and Attendance:
 - Participants are expected to arrive on time and attend meetings on a regular basis
 - Participants or Parents must notify the chair or co-chair of participant's absence no later than 1 hour before meetings start
 - Participants must keep up with and bring Delta Academy tools supplied by the committee to every meeting
 - Parents are required to drop-off and pick-up participants in a timely manner
 - If parent/guardian is unable to pick up participant, a written statement, with parent/guardian's signature and contact number, must be provided to allow release to a designated person. The designated person must show proper identification.

8. Membership Status:

Active Members in Good Standing

- No more than two unexcused absences to regular monthly meetings
- Participated in at least two service projects
- Improved math and/or science grade if less than a 'C'
- Present and on time to meetings
- Meets deadlines
- Presented the *mandatory* African American Women in History project
- Submitted the *mandatory* book essay

Forfeiture of Membership

- A total of three unexcused absences to regular monthly meetings
- Persistent misconduct
- Any act of Physical Violence
- Possession of an illegal substance or dangerous weapon (*police will be notified*)

9. The following conduct (including but not limited to) will not be tolerated and may be subject to disciplinary action:

Negative attitude; lack of cooperation; chewing gum while in session; talking back; horse playing; profanity; loud talking; rude, disruptive behavior; changing groups without permission; excessive talking; use of alcohol, tobacco, or drugs; possession of weapons; defacing property; cheating; lying; stealing; fighting; bullying; disrespect; and harassment.

10. Disciplinary Action for Misconduct:

- First Offense – Verbal warning, parent/guardian contact
- Second Offense – behavior awareness conference
- Third Offense – written letter of apology and plan for correcting behavior
- Fourth Offense - unable to participate in the next session (*counted as an unexcused absence*)
- Subsequent Offense - face-to-face meeting with parent/guardian
- Persistent misconduct will result in suspension/expulsion from the program

11. Academic Action Plan is for participants who receive a grade lower than a 'C' in any academic subject:

Action 1 - Tutoring will be offered for participants until the next grading period.
Action 2 - If need remains, tutoring will be provided during the regular session.

12. Appeals for any actions taken by the committee will be handled through the executive committee (chapter president, committee chair, and committee co-chair). Any committee member may submit recommendations. Parents/Guardians may request an executive decision for not meeting the prescribed rules in this "Code of Conduct".

NOTE 1: Only participants in good standing are eligible to be recognized for an award at the End of the Year Ceremony.

NOTE 2: Circumstances above are subject to an administrative decision by the committee.

NOTE 3: Participants are reminded that they are representing the members of the Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated. Their actions and attitudes must reflect good character and honor.

13. Awards:

- **Participant Award** - A membership certificate and gift will be given to each participant in good standing.
- **Best All Around** - Recognition of one participant in good standing in each grade level. Points will be allocated as follows:

All report cards submitted	3 points
Raised math grade one letter and maintained	4 points
Raised math grade two letters and maintained	6 points
Maintained 'A' in math all year	10 points
Raised science grade one letter and maintained	4 points
Raised science grade two letters and maintained	6 points
Maintained 'A' in science all year	10 points
Three service projects	6 points
Two service projects	4 points
One service project	2 points
Book essay	8 points
African American Women in History Project	8 points
All Delta Academy functions	25 points
All regular monthly meetings	10 points
One excused absence to regular monthly meetings	4 points
Two excused absences to regular monthly meetings	2 points

- **Scholarship Award** – overall most improved in science and math
- **Sisterhood Award** - overall most sisterly, positive, and helpful
- **Service Award** - participation and involvement in all community service projects and completed the most non-Delta Academy community service hours
(documentation of hours must be provided)
- **Essay Contest Award**
- **African American History Project Award**

ALL PARTICIPANTS AND PARENTS/GUARDIANS MUST SIGN THE CONTRACT OF CONDUCT INCLUDED IN THE APPLICATION PACKET, AGREEING TO FOLLOW THIS CODE OF CONDUCT



Delta Academy 2013-2014 Calendar

August

8/20 Orientation - 6 pm

- Risk Management
- Application Packets

September

9/17 Math Matters

- Careers in Math
- Math in Everyday Life
- Math Anxiety
- Budgeting, Opening a Savings Account, etc.

October

10/15 Chemical Reactions

- Chemistry/Toxicology/Pharmacology
- Hands on activities/demonstrations
- Study Skills

November

11/19 Biology

- Biology, Biological Engineering, Biomedical Engineering, and the Medical Profession
- HIV/AIDS Awareness
- **SERVICE PROJECT**

December

12/17 SEE (Science and Everyday Experiences)

- Earth Science, Environmental Science & Physical Science
- Arts & Culture
- **Christmas Party**

January

1/21 Improving "the self"

- Self Esteem
- Etiquette
- Book & Essay Discussion (*The Skin I'm In*)
- Discussion of African American Women in History projects
- **MLK DAY OF SERVICE**

February

2/18 From Whence We Came...

- African American Women in History project presentations

March

3/18 The Female Engineer

- Electrical Engineering
- Civil Engineering
- Chemical Engineering
- Mechanical Engineering

***** Rough Drafts of Essay due*****

April

4/15 Tech Savvy

- Technology
 - Cyber-Etiquette
 - Cyberbullying, Social Networking, & Sexting
 - Educational applications of technology

*****Final Essays due*****

May

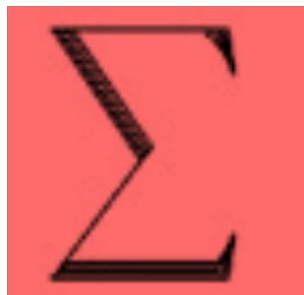
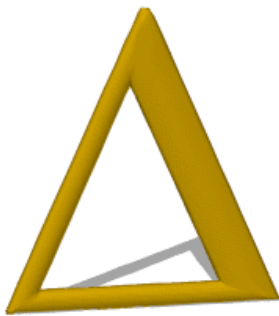
AWARDS AND ACKNOWLEDGEMENTS

CLOSING BANQUET – Date to be announced

****Note** This calendar is tentative and subject to change. Participants and Parents/Guardians will receive timely notification of any date or time changes.**

DELTA SIGMA THETA SORORITY, INC.
A Service Sorority

Baton Rouge Delta Alumnae Chapter



RISK MANAGEMENT
Parental Affirmation

PARENTAL AFFIRMATION

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to the Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of _____, Participant Minor Child, in the _____ 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, Delta Sigma Theta 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 _____ 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: _____

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.



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 / Participant

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

Print Name Parent/ Guardian

Signature

Date _____

YOUTH PICK-UP AUTHORIZATION FORM

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

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 Baton Rouge Delta Alumnae Chapter to release my child to the persons listed above. I also agree to notify the Baton Rouge Delta Alumnae Chapter in writing of any changes to the above list of authorized persons.

Mother/Guardian Signature _____ Date _____

Father/Guardian Signature _____ Date _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name of Minor: _____

Date of Birth _____ Age _____

Address: _____

City/State/Zip Code _____

Parent/Guardian Home Phone _____

Cell Phone _____ E-mail Address _____

Minor's Gender _____ Height _____ Weight _____

HEALTH INFORMATION

Below please check any current health condition that may require attention during the Program day. Also complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

☐ Allergies/Sensitivities (be specific)

Foods _____

Medicines _____

Bee sting or insect bite _____

Other _____

☐ Asthma ☐ Inhaler required at Program☐ Vision Problems ☐ Glasses ☐ Contacts☐ Hearing Problems ☐ Hearing Aid(s)☐ ADD/ADHD☐ Other

List all medications and dosages your child receives on a continual basis: _____

PHYSICIAN & INSURANCE INFORMATION

Name of Child's Physician _____ Phone _____

Health Insurance Company _____ Phone _____

Policy Number _____ Group Number _____

Insurance Company Address _____

City/State/Zip Code _____

Name of Policy Holder _____

Name of Policy Holder's Employer _____

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 _____

CONFIDENTIALITY POLICY

It is the policy of _____ Chapter of Delta Sigma Theta Sorority, Incorporated (“Delta”) to protect the confidentiality of its youth participants and their families. Except as provided below, _____ Baton Rouge Delta Alumnae Chapter will only share information about participants and their families with other Delta chapter members and Delta employees assigned to assist with youth initiative programs, on a “need to know basis.” To carry out the mission of its _____ program and to better serve the needs of the youth participants, the Baton Rouge Delta Alumnae Chapter must collect certain personal information about youth participants and their families, including, but not limited to, the following “Confidential Information”:

- Name, address, and age of participant
- School participant attends
- Names and addresses of parents or guardian.
- Medications and physical conditions/limitations
- Any distinguishing marks or characteristics (such as disfigurement physical limitations)

Limits of Confidentiality: Confidential information may be shared with individuals or organizations as specified below under the following conditions, and *provided that* the party to who seeks any disclosure agrees in writing to maintain the confidentiality of the disclosed information as specified in this Confidentiality Policy:

- Delta Officers and Members of the Board have access to any participant’s files only upon directive by the Delta Sigma Theta President. Any directive shall identify the person(s) authorized to review such records; the specific purpose for such review; and the period of time during which access shall be granted. Such Officers or Members of the Board granted access shall be required to comply with this Confidentiality Policy and may use the information only for purposes specified in the Delta Sigma Theta President’s directive.
- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena or court order.
- Information may be provided to Delta’s legal counsel in the event of litigation or potential litigation involving Delta and/or the Program participants or any aspect of the Program.
- Members of Baton Rouge Delta Alumnae Chapter and volunteers who observe or suspect child abuse are “mandatory reporters” and, as such, must disclose suspected abuse to the proper authorities, and in making such reports, may disclose “Confidential Information.”

Safekeeping of Confidential Records: The President of Baton Rouge Delta Alumnae Chapter or her designee shall be the custodian of confidential records. It is her responsibility to supervise the management of Confidential Information in order to ensure safekeeping, accuracy, accountability, and compliance with this Confidentiality Policy.

Requests for Confidential Information by Other Agencies: Any request from other organizations or persons for Confidential Information shall be honored only if the request is accompanied by written authorization from the parents or guardians of the youth participant expressly permitting the release of the requested information.

Violations of Confidentiality: Known violations of this Confidentiality Policy (by volunteers or youth participants) shall be reported to the chapter president or her designee. A violation of this Confidentiality Policy shall result in disciplinary action up to and including suspension or termination from the Program, as appropriate.

No Liability: There shall be no liability to Delta, the Baton Rouge Delta Alumnae Chapter, or any volunteer or youth participant for disclosing information that is required to be disclosed by a court, an administrative body of competent jurisdiction, a governmental agency, or by operation of law.

DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY

It is the policy of the Baton Rouge Delta Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign-in and out of its _____ Youth Initiative Program (“Program”). The required sign in/sign out procedures follow:

1. The chapter shall maintain and use a daily sign in log that reflects the following: name of the youth initiative; the date; the time in and the time out; and the names of the participants, with a column for the participant and visitors to check her/their status (as member, youth, volunteer, or visitor). The form should distinguish whether a member is assisting with the Program or is a visitor/observer.
2. Only authorized persons (those identified in writing) will be allowed to pick up a participant from the Program. Volunteers shall refuse to release a participant to any person, whether related or unrelated to the youth, who has not been authorized, in writing, by the parent or guardian to receive the youth.
3. One of the following procedures shall be observed during departure and return:
 - a. Parents or an authorized representative will sign out youth.
 - b. Older youth who have written parental permission will be allowed to leave the program on their own. Members will establish a system where the youth check themselves out with an approved volunteer; the approved volunteer will ensure that the youth signed out and initial the attendance sheet.
 - c. When chapters provide transportation to off-site sponsored events, members will develop and implement a system to ensure that all youth participating for the day board the correct bus or other vehicle at the time of departure to and return from a scheduled activity.

Chapters should clearly communicate to parents or guardians that, if a parent or guardian wishes to arrange alternative transportation for their child to attend an off-site activity, the youth may join the group at the event or activity, but the Baton Rouge Delta Alumnae Chapter assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.

PHOTOGRAPH AND VIDEO AUTHORIZATION AND RELEASE FORM

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____, give permission for Baton Rouge Delta Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”) to publish on the Internet or media still photographs or moving images, including, if applicable any sound recordings accompanying the images (“Images”) taken of my child at _____ Youth Initiative Program on _____ (date of the event), without payment or any consideration and without notifying me.

I/We understand and agree that these Images will become the property of the Baton Rouge Delta Alumnae Chapter, which shall have complete ownership of the Images. I hereby irrevocably authorized the Baton Rouge Delta Alumnae Chapter to publish or distribute these Images for the purpose of publicizing the Chapter’s programs, including the _____ Youth Initiative Program or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child’s likeness appears. Additionally, I waive any rights to royalties or other compensation arising out of or related to the use of the Images.

I/We hereby hold harmless and release and forever discharge the Baton Rouge Delta Alumnae Chapter and any of its officers and members; Delta Sigma Theta Sorority, Incorporated; its officers; Delta Sigma Theta Executive Board; employees; members; representatives; agents; and assigns from any and all claims, costs, suits, actions, judgments, and expenses which my child, his/her heirs, representatives, executors, administrators, or any other persons acting on his/her behalf have or may have by reason of the use of the Images. This release specifically includes, without limitation, a complete release and discharge of any liability by virtue of any editing, distortion, alteration, or optical illusion, whether intentional or otherwise, that may occur or be produced in the taking of or editing of said Images, unless it can be shown that such was maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

I/we hereby certify that I/we are the parents/guardians of _____, and do hereby give my/our consent without reservation to the foregoing on behalf of my/our child.

Parent/Guardian Signature

Date

Print Name

Parent/Guardian Signature

Date

Print Name

FIELD TRIP PERMISSION

Date: _____ **Departure Time:** _____ **Return Time:** _____

Destination: _____ **Purpose of Trip:** _____

Mode of Transportation: _____ **Chair of Event:** _____

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____ (“Child”), give permission for my/our Child to participate in the _____ Youth Initiatives Program’s (the “Initiatives”) activities taking place off site. I/we understand that transportation to and from these activities will be provided for my/our Child by the Baton Rouge Delta Alumnae Chapter.

I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity.

I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees.

I/We do hereby agree to release and hold harmless the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, Delta Sigma Theta Executive Board, employees, members, representatives, agents and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our child or damage to my/our child’s property arising from my/our child’s participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, Delta Sigma Theta Executive Board, employees, members, representatives, agents and assigns.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Note: A separate form must be used for EACH field trip.