

Delta Sigma Theta Sorority, Inc.
Valley Forge Alumnae Chapter

III. STUDENT HEALTH INFORMATION

1) Please list any medical conditions:

2) Is your child allergic to any foods or medicines: () NO () YES If Yes, please list.

3) Does your child have any special needs: () NO () YES If Yes, please list.

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IV. TRANSPORTATION

How will your child travel home after Delta Academy dismisses? (Please Note: Delta Sigma Theta Sorority, Inc. Valley Forge Alumnae Chapter does not provide transportation and is not responsible for your child's travel to or from the Delta Academy program.)

_____ By Car _____ Walk _____ Public Transportation _____ Other (please specify)_____

V. PARENT/GUARDIAN STATEMENT OF CONSENT

I voluntarily give my child (the student whose name is listed above) permission to participate in the Delta Academy program. I am authorized to give permission for the student to participate in the program. My child's participation in the Delta Academy program is completely voluntary. Delta Academy is committed to providing the best possible climate for maximum development and achievement of goals for all student participants. Delta Sigma Theta Sorority, Inc. Valley Forge Alumnae Chapter and its related entities will make every effort to protect the welfare of the Delta Academy participants; however, the program staff members are not responsible for ensuring the physical, mental, social and medical health of program participants. As a parent/guardian, I am responsible for the welfare of my child. The Delta Academy staff may suspend a student's participation if their behavior does not reflect the spirit of the program.

Parent/Guardian's PRINTED Name: _____

Parent/Guardian's SIGNATURE: _____

Date: ____/____/____

VI. PARENTAL RELEASE

I represent that I am the parent and/or legal guardian of _____ ("Participant"). I hereby consent to and authorize the use and reproduction by the VALLEY FORGE ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC. ("VFAC"), or anyone authorized by VFAC, of any and all photographs, films, videotapes, writings and/or other works, records and/or portrayals of the name, voice, actions and/or likeness of Participant provided to, or obtained or created by, VFAC in connection with VFAC sponsored events and activities, including but not limited to the Delta Academy and the Dr. Jeanne L. Noble Delta GEMS Institute ("Images"), including use of the Images on VFAC's website and in advertising materials, as VFAC so chooses, in any and all media, now known or hereafter devised, in any and all versions, as well as for promotion, merchandising, publicity and advertising. VFAC has no obligation to use or return the Images.

I hereby release VFAC from, and covenant not to sue VFAC for, any claim or cause of action, whether known or unknown, for libel, slander, invasion of right of privacy, publicity or personality, or any other claim or cause of action, based upon or relating to the use of the Images or the exercise of any of the rights referred to herein.

Parent/Guardian's PRINTED Name: _____

Parent/Guardian's SIGNATURE: _____

Date: ____/____/____

Mailing address:

**Delta Sigma Theta Sorority, Inc.
Valley Forge Alumnae Chapter
P.O. Box 80091
Valley Forge, PA 19484**

*****ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL*****

DELTA ACADEMY