REPUBLIC OF KOREA ALUMNAE CHAPTER (ROK)
2019-2020 YOUTH PROGRAMS APPLICATION

APPLICANT INFORMATION

Which ROK Youth Program are you applying for? ☐Delta Academy ☐Delta GEMS ☐EMBODI

Applicant Name: _____ Date of Birth _____ Age _____

Address: _____

Email Address: _____ Phone Number: _____

School Name: _____ School District _____

What grade will you be in for the 2019-2020 academic year?
☐5th ☐6th ☐7th ☐8th ☐9th ☐10th ☐11th ☐12th

Do you own or have access to a personal computer? ☐Yes ☐No

Strongest Subject: _____ Weakest Subject: _____ Favorite Subject: _____

What are your future/career goals?

_____

_____

What extracurricular activities (sports, church, etc.) do you participate in?

_____

_____

What are your special talents/hobbies?

_____

_____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Relationship to Applicant: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address: _____

*****Please enter the email address where you prefer to receive communications from the Program Chair(s).**

CONFIDENTIALITY POLICY

It is the policy of Republic of Korea Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated ("Delta") to protect the confidentiality of its youth participants and their families. Except as provided below, Republic of Korea 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 the youth programs and to better serve the needs of the youth participants, the Republic of Korea Alumnae Chapter must collect certain personal information about youth participants and their families, including, but not limited to, the following "Confidential Information":

- Δ Name, address, and age of participant
- Δ School participant attends
- Δ Names and addresses of parents or guardian.
- Δ Medications and physical conditions/limitations
- Δ 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 National 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 National 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 Republic of Korea 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 report, may disclose “Confidential Information.”

CONFIDENTIALITY POLICY
(CONTINUATION PAGE)

Safekeeping of Confidential Records: The President of Republic of Korea 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 Republic of Korea 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.

Parent or Guardian Consent to Release of Information

I have read and understand the Confidentiality Policy. I consent to my child's information being shared in the circumstances and manner described.

Parent/Guardian Signature _____ Date: _____

Relationship to child: _____

PARENTAL AFFIRMATION, WAIVER AND RELEASE FORM

I, _____, Parent/Guardian, under penalty of perjury, do hereby affirm to Republic of Korea Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated that I authorize the participation of _____, Participant Minor Child, in the 2019-2020 ROK _____ Program (including planned activities), and that I have the legal authority to provide my consent and authorization for such participation.

I understand that sessions of the 2019-2020 ROK _____ Program may be videotaped and/or photographed and that portions may be used for promotional materials and posted on the organization's website and social media accounts [1]. I give permission for my child to be videotaped or photographed and for the photographic records to be used for promotional purposes without recourse or compensation.

[1] No identifying information will be included in any of the promotional materials or postings.

Parent/Guardian Signature _____ Date: _____

Relationship to child: _____

I 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 2019-2020 ROK _____ 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: _____

Relationship to child: _____

CODE OF CONDUCT FOR YOUTH PARTICIPATING IN ROK YOUTH PROGRAMS

Delta Sigma Theta Sorority, Inc. requires youth program participants to abide by the following Code of Conduct:

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)[1] 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*

Delta Sigma Theta Sorority, Inc. has a progressive process in place to address violations to the Code of Conduct, however we reserve the right to take immediate action up to and including expulsion from the program. Decisions made by the Republic of Korea Alumnae Chapter are final.

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: one day suspension from program
4th Time: one-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: one day suspension from program
3rd Time: one week suspension from program
Next occurrence youth is removed from the program.

CODE OF CONDUCT FOR YOUTH
PARTICIPATING IN YOUTH INITIATIVES PROGRAMS
[CONTINUATION PAGE]

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.

[1] Cyber-bullying includes but is not limited to misuses of technology: harassing, teasing, intimidating, threatening, or terrorizing another individual by way of any technological tool (text messages, digital pictures or images or website postings (Appendix 16 RM Manual).

Participant

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*.

Printed Name _____ Signature _____

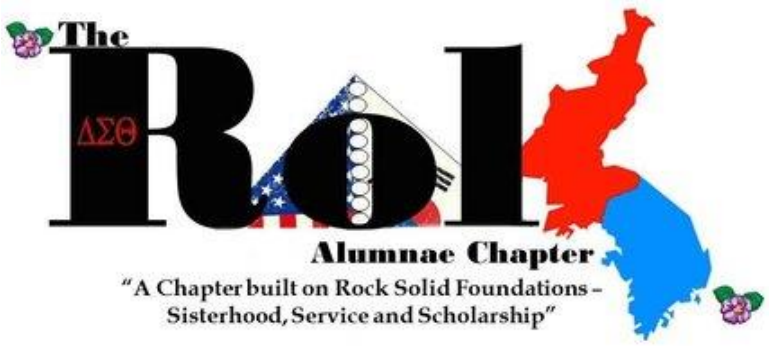
Date: _____

Parent or Guardian

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 2019-2020 ROK _____ Program. I agree that the sanctions for violating the Code of Conduct are reasonable and will help my child comply.

Printed Name _____ Signature _____

Date: _____



YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the 2019-2020 ROK _____ 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 release 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 in the list below. If your child is able to drive to/from the sessions alone, please list them as an authorized person as well

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 Republic of Korea Alumnae Chapter of Delta Sigma Theta Sorority, Incorporated to release my child to the persons listed above. 1 also agree to notify the Republic of Korea Alumnae Chapter in writing of any changes to the above list of authorized persons.

Parent/Guardian Signature _____ Date: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

The Republic of Korea Alumnae Chapter provides every youth program chair and volunteer with a written action plan for how to handle medical emergencies. A first aid kit is required to be on hand at each event.

Name of Minor: _____ Date of Birth _____ Age _____

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 please)

Foods _____

Medicines _____

Insect Bite _____

Other _____

☐ Asthma | Inhaler required at Program? ☐Yes ☐No

☐ Vision Problems | Glasses? ☐Yes ☐No; Contacts? ☐Yes ☐No

☐ Hearing Problems | Hearing Aid(s)? ☐Yes ☐No

☐ ADD/ADHD

☐ Other _____

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

_____

_____

_____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM
[CONTINUATION PAGE]

PHYSICIAN & INSURANCE INFORMATION

Name of Child's Physician _____ Phone _____

Heath Insurance Company _____ Phone _____

Policy Number _____ Group Number _____

Insurance Company Address _____

Policy Holder _____ Holder's Employer _____

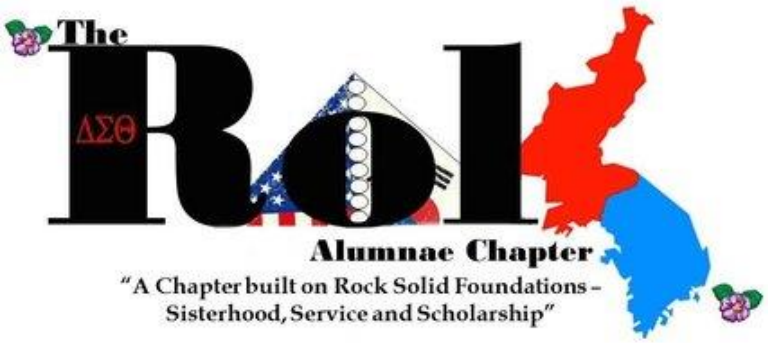
NON-PRESCRIPTION MEDICATION PERMIT

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I/We understand that medications will be administered with discretion by an authorized Program member and in accordance with established protocols developed by the Program. The following nonprescription medications may be available to your child:

☐ **For headaches/fever/muscle aches/pain/cramps:** Acetaminophen (e.g. Tylenol, including Junior Strength), Ibuprofen (e.g. Advil, including Children's liquid, Motrin), Naproxen (Aleve), Midol, and Excedrin.
☐ **For bites/allergic rashes:** Anti-itching lotion (e.g. Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.
☐ **For nasal congestion/sinus pressure:** Decongestant
☐ **For sore throat:** Throat lozenges (e.g. Cepacol lozenges)
☐ **For coughs:** Cough drops/lozenges or cough suppressant
☐ **For upset stomach:** Antacid liquid or chewable tablets (e.g., Mylanta)
☐ **For sun protection:** Sunscreen lotion SPF 30

☐ **I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.**

Parent/Guardian Signature _____ Date: _____



EMERGENCY CONTACT INFORMATION

Parent/Guardian #1

Name _____ Relationship to Participant _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian #2

Name _____ Relationship to Participant _____

Home Phone _____ Work Phone _____ Cell Phone _____

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 Participant _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Participant _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Participant _____

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: _____