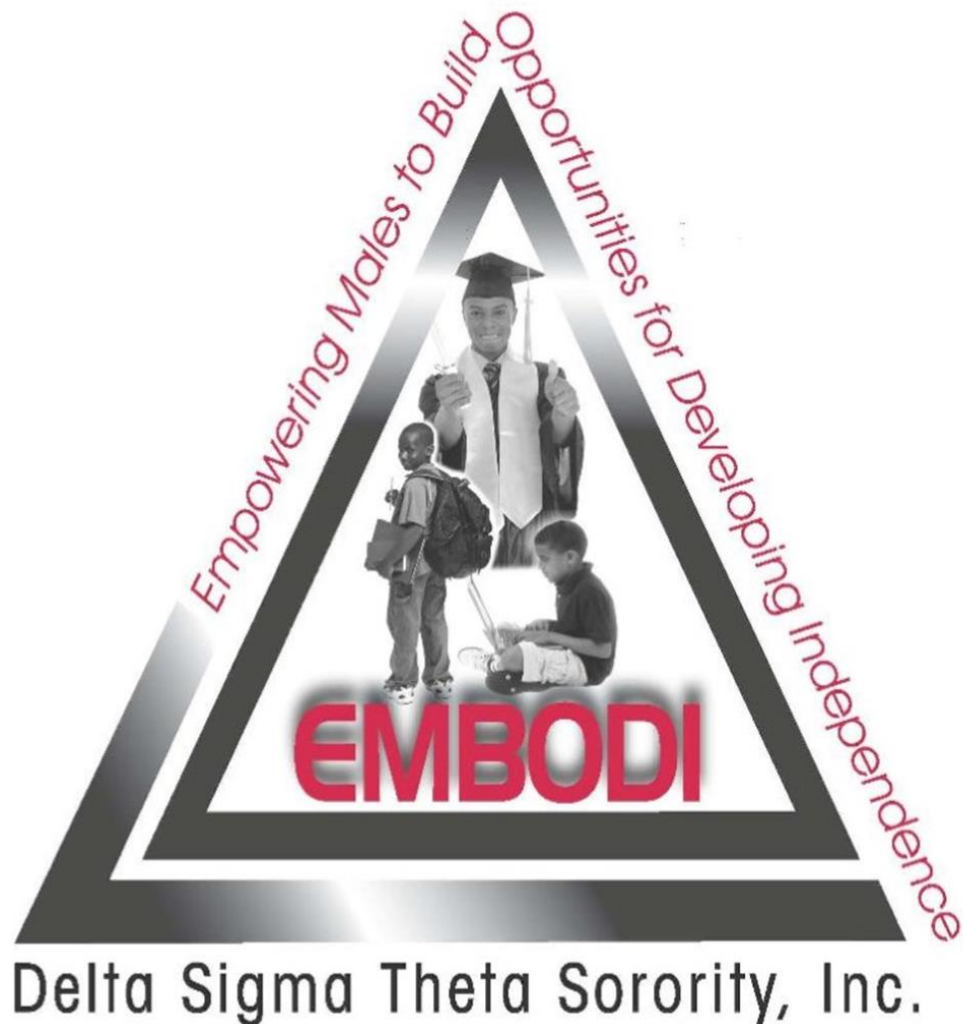


# EMBODI



*by*

*Delta Sigma Theta Sorority, Inc.*

*St. Croix Alumnae Chapter*

**EMBODI 2024-2025 APPLICATION**

Please Print

Name of Student /Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of 09/01/24: \_\_\_\_\_

2024 would be my 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> year participating in EMBODI.  
(circle one)

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Name of School: \_\_\_\_\_ Current Grade (2024-2025): \_\_\_\_\_

T-Shirt Size (circle one): Youth/ Adult (circle one): S M L XL XXL XXXL

What are your favorite subjects in school?

Math \_\_\_\_\_ Science \_\_\_\_\_ English \_\_\_\_\_ History \_\_\_\_\_ Computer \_\_\_\_\_ Other: \_\_\_\_\_

Special Interest / Hobbies: \_\_\_\_\_

Art \_\_\_\_\_ Music \_\_\_\_\_ Sports \_\_\_\_\_ Reading \_\_\_\_\_ Video Games \_\_\_\_\_ Other: \_\_\_\_\_

How did you learn of this program?

\_\_\_\_\_ Ad \_\_\_\_\_ Newspaper \_\_\_\_\_ School Counselor \_\_\_\_\_ Other: \_\_\_\_\_

Are you involved in other activities that may conflict with this program schedule? \_\_\_\_\_

Do you have any siblings who participated in an EMBODI program? (circle one): Yes or No If yes, please give name/s:

\_\_\_\_\_

What do you want to achieve from participating in the EMBODI? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Information:**

Is your mother a member of Delta Sigma Theta Sorority, Inc.? Y \_\_\_ N \_\_\_

Do you currently have a sibling participating in EMBODI? Y \_\_\_ N \_\_\_

If yes, please give name \_\_\_\_\_

Have you participated in any Delta Sigma Theta Sorority sponsored activities? \_\_\_Y \_\_\_N

**Parent (s) or Guardian (s) Information**

Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact Information**

List three (3) people other than parent(s) / guardian (s) who can be contacted in case of an emergency.

Name	Home Phone	Cell Phone	Relationship
1. _____			
2. _____			
3. _____			

**Medical Information**

1. Is your child physically fit to participate in this program? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain. \_\_\_\_\_

2. When was your child's last physical Date: \_\_\_\_\_ Doctor's Name \_\_\_\_\_

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3. Does your child have Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Does your child have any Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does your child have Asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Is your child currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does your child have any other health issues not mentioned above that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Transportation Information**

How will your child travel to and from EMBODI meetings and activities?

Car \_\_\_\_\_ Walk \_\_\_\_\_ Public Transportation \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Do you have any additional persons (other than parent/guardians & emergency contacts listed in this form) who you approve to transport your child? If yes, please list (this may include a sibling, grandparent, family friend, etc.):

1) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**Note:** Individual picking up student from EMBODI other than the authorized parent/guardian or emergency contact must bring a written signed notification when picking up child.

### **FIELD TRIP PERMISSION**

As the parent/guardian of \_\_\_\_\_, I hereby give consent for him to attend field trips with EMBODI sponsored by Delta Sigma Theta Sorority, inc. St. Croix Alumnae Chapter. My son and I understand that precautions will be taken to ensure my son's safety. I, therefore, will not hold Delta Sigma Theta Sorority, Inc. St. Croix Alumnae Chapter or any representatives of Delta Sigma Theta Sorority, Inc. responsible for any complication, injury, or illness experienced by my son. Field trips are subject to change, and notification is at the discretion of Delta Sigma Theta Sorority, Inc. St. Croix Alumnae Chapter.

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

Date: \_\_\_\_\_

### **Consent to Photograph**

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_,  
(Parent/ Guardian)

to be photographed and videotaped. My signature gives consent to the use of his likeness in any publication, educational material, advertising, news media, and World Wide Web materials that the EMBODI program may utilize and produce. I understand and agree that such materials, including all negatives, positives, digital images, and prints shall become and remain the sole property of the STX Alumnae Chapter, EMBODI and I shall have no right or title to such items. I further understand and agree that these materials may be kept on file and used by the St. Croix Alumnae Chapter, and EMBODI for potential future use. I agree to release EMBODI from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials. Copies of these photos may be distributed to the parent upon request.

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

Date: \_\_\_\_\_

Effective Date:

Expiration Date:

## Student Pledge and Commitment Contract

I will strive to do my best in all that I do.

I will cooperate with all mentors.

I will be sensitive to the needs of other participants.

I will strive for discipline and dedication in all that I do.

I will keep an open mind.

I will respect other's space, opinion and time.

I **will ask** for help and help others when needed.

I understand that obscene language and the use of alcohol, tobacco, and illegal or unauthorized drugs, and fighting will not be tolerated. Such usage during the activity may result in immediate dismissal from the program.

I will be on time for all sessions and activities.

I will take responsibility for my actions.

I will not strike out (physically/ verbally) in anger.

I will listen to what others have to say.

I understand that more than three (3) absences may result in me being dropped from the program and may also prohibit me from being able to participate on any field trips.

I agree that I will try my best to attend and fully participate in all scheduled EMBODI sessions. I will have an open mind and will challenge myself to learn new things, meet new people and have a positive attitude at all times. I agree to be on time for each session.

\_\_\_\_\_  
Student /Applicant Signature

\_\_\_\_\_  
Date

**PARENTAL COMMITMENT / CONSENT IS REQUIRED FOR PARTICIPATION IN THIS PROGRAM**

I, \_\_\_\_\_, GIVE CONSENT FOR \_\_\_\_\_,  
(PRINTED NAME OF PARENT/GUARDIAN) (PRINTED NAME OF STUDENT)

TO PARTICIPATE IN ALL ACTIVITIES, FIELD TRIPS ORGANIZED BY OR THROUGH ST. CROIX ALUMNAE'S 2024- 2025 EMBODI PROGRAM. I AGREE TO MAKE EVERY EFFORT TO HAVE HIM ATTEND ALL SCHEDULED EMBODI SESSIONS. I AGREE NOT TO HOLD THE ST. CROIX ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC. OR THE EMBODI PROGRAM AND ITS MEMBERS RESPONSIBLE AND/OR LIABLE FOR ANY INJURIES OR ILLNESSES THAT MY CHILD MAY SUSTAIN WHILE IN ATTENDANCE AT THE SESSIONS OF THE EMBODI. THIS IS ALSO MY PERMISSION FOR THE LEADER IN CHARGE, OR DESIGNATES, TO MAKE ARRANGEMENTS FOR QUALIFIED MEDICAL ATTENTION FOR MY CHILD/WARD IN THE EVENT OF AN EMERGENCY WITHOUT NECESSITY OF MY PRIOR APPROVAL. I UNDERSTAND THAT I WILL BE NOTIFIED BY THE QUICKEST MEANS POSSIBLE IF THIS AUTHORITY IS EXERCISED.

I ALSO UNDERSTAND THAT IN ORDER FOR THE ST. CROIX ALUMNAE CHAPTER EMBODI PROGRAM TO MAINTAIN A SAFE AND HEALTHY ENVIRONMENT FOR ALL CHILDREN; DRUGS, ALCOHOL, VIOLENCE, ABUSIVE LANGUAGE, AND MISCONDUCT WILL NOT BE TOLERATED AT ANY ACTIVITY. THEREFORE, I UNDERSTAND THAT IT WILL BE MY RESPONSIBILITY TO PICK UP MY CHILD IMMEDIATELY IF MY CHILD NEEDS TO BE SENT HOME FOR DISCIPLINARY REASONS.

I UNDERSTAND THAT TRANSPORTATION TO AND FROM EMBODI SESSIONS IS NOT PROVIDED BY DELTA SIGMA THETA SORORITY, INC., ST. CROIX ALUMNAE CHAPTER. THUS, I AGREE TO PICK-UP MY CHILD AT THE DESIGNATED END -TIME FOR ALL EMBODI SESSIONS.

I, THE UNDERSIGNED, HAVING READ, UNDERSTOOD, AND COMPLETED THE ABOVE, AND HAVING BEEN BRIEFED REGARDING THE NATURE OF THE PROGRAM, HEREBY GIVE MY PERMISSION FOR MY CHILD TO ATTEND AND PARTICIPATE IN THE 2024-2025 EMBODI PROGRAM.

**\*\*MISSING THREE (3) OR MORE SESSIONS WILL FORFEIT YOUR SON'S PARTICIPATION IN EMBODI\*\***

SIGNED: \_\_\_\_\_  
(PARENT (S) /GUARDIAN (S) SIGNATURE)

DATE: \_\_\_\_\_

Please return this application  
to: **School Guidance Counselor or  
Denise Lake**

OR E-mail: [stxalumnae@yahoo.com](mailto:stxalumnae@yahoo.com)  
[dmlake621@gmail.com](mailto:dmlake621@gmail.com)

**\*\*\*The application deadline is **Tuesday, October 8, 2024**. Any applications received after this date, are subject to declination or potential participants may be wait-listed.**