*Please type in the form or print*

|  |
| --- |
| **Personal Information** |
| Applicant Name (First, Middle, Last):  |  |
| Mailing Address:  |  |
| City, State, Zip:  |  | Home Phone:  |  |
| Email Address:  |  | Cell Phone: |  |
| Date of Birth: |  | Current Age: |  | T-Shirt Size: |  |
| Extracurricular Activities:  |  |
| Talents and/or Hobbies: |  |
| What do you hope to gain from participating in the EMBODI program:  |
| **Parent/Guardian Information** |
| Parent/Guardian Name (First, Last):  |  |
| Relationship to Applicant: |  | Email Address: |  |
| Cell Number:  |  | Best Time to Call: Morning Afternoon Evening |
| **School Information** |
| Name of School: |  |
| Current Grade Level:  |  | Favorite Subject:  |  |
| Strongest Academic Subject: |  |
| Weakest Academic Subject: |  |
|  |  |
|  |  |  |  |
| Signature |  |  | Date |

*Please type in the form or print*

|  |  |
| --- | --- |
| Applicant Name:  |  |
| Relationship to Applicant: |  |
| Parent/Guardian Name: |  |
| Mailing Address:  |  |
| City, State, Zip:  |  | Email Address: |  |
| Phone:  |  | Cell Phone: |  |
| Best Time to Call: Morning Afternoon Evening |

**Parent Permission to Participate and Photograph**

|  |  |  |
| --- | --- | --- |
| My son,  |  | , has my permission to participate in all activities organized by or |
| through New Bern Alumnae Chapter of Delta Sigma Theta Sorority, Inc. EMBODI Program. \***I understand that missing 2 or more consecutive meetings will forfeit my son’s participation in the EMBODI Program\*** |

I consent to the release of photographs, videos, audio, and other related recorded materials captured during the program’s activities. Such materials shall remain the sole property of EMBODI and shall not be sold to any entity.

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Parent/Guardian Signature Date

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

Applicant Signature Date

**Release of Liability**

|  |  |  |
| --- | --- | --- |
| I give permission for my son,  |  | , to participate in the EMBODI Program, |
| field trips, and activities therein. In giving my permission to participate, I understand that he will take part in scheduled meetings, workshops, cultural, educational and recreational programs. I agree to provide transportation for my child and to facilitate and support my child’s timely attendance and participation.  |

I agree not to hold New Bern Alumnae Chapter of Delta Sigma Theta Sorority, Inc. 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 Program. I also agree not to hold the above named organization or its members or appointees individually, liable for the loss or destruction of my child’s property.

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Parent/Guardian Signature Date

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Applicant Signature Date