Dear Parents/Guardian:

The women of the Greater Cleveland Alumnae Chapter of Delta Sigma Theta Sorority, Inc. would like to extend an invitation to your student to participate in the Dr. Betty Shabazz Delta Academy—one of the Sorority's National Programs. The Dr. Betty Shabazz Delta Academy is designed for young ladies 11-14 years of age who have the desire and are interested in developing their leadership skills, express an interest in math, science, technology or careers that are considered non-traditional and who enjoy learning new things. The Dr. Betty Shabazz Delta Academy is named for the outstanding and accomplished widow of Malcolm X. In addition to being a registered nurse, Dr. Shabazz earned her doctorate degree in higher education administration and curriculum development. The Dr. Betty Shabazz Delta Academy activities address math, science, technology, time management, non-traditional careers, self-esteem, etiquette, Women and African American History, community services activities and literacy through a book club. Virtual field trips are also planned to musicals, plays, museums, colleges and sites that will enhance cultural knowledge.

If you would like your student to become a part of this rewarding experience, please complete the enclosed application package in its entirety (student application, parent consent to photograph, and student health history). The deadline for applications is November 5, 2022. If you have any questions, please contact Dr. Vanessa R. Mullins Committee Chair at delta.academy@dstcleveland.org.
Greater Cleveland Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
“Catching the Dreams of Tomorrow,
Preparing Girls for Success in the 21st Century”

Dr. Betty Shabazz Delta Academy
2022-2023 Application for Participation
PLEASE PRINT NEATLY or TYPE

Application must be REVIEWED and SIGNED by a parent or legal guardian.

Name: _____________________________________________________________

Date of Birth: ___________________________ Age as of 11/06/22 __________
Month Date Year

Address: __________________________________________________________________

City: ____________________________ State: ______ Zip Code: ______

Applicant’s Cell Phone Number (if applicable): ______________________________

Applicant’s E-Mail: ______________________________________________________

Dietary restrictions/special medical needs: _________________________________

School: ____________________________ Grade: ______________

Favorite School Subjects: ________________________________________________

Extra-Curricular Activities: ______________________________________________

________________________________________________________________________

Hobbies: ________________________________________________________________

________________________________________________________________________
T-Shirt Size: ____________

What career occupation would you like to pursue? ____________________

What other job fields are you interested in? ______________________________

What type of workshop sessions or classes do you think would be helpful to you as a teenager?

_____________________________________________________________________

_____________________________________________________________________

Please check the workshops / activities you would be interested in attending and/participating in.

___ Etiquette
___ Live Plays & Musicals
___ Public Speaking
___ Career Fairs
___ Technology
___ Nutrition & Exercise
___ Self Esteem
___ Math and Science Exploration

___ Time Management/organizing
___ Study Habits & Homework Tips
___ Real Life Budgeting
___ Volunteering
___ College Tours
___ Health and Beauty
___ Book Club
___ Leadership Development
What would you like to gain from being a participant of Delta Academy?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Based on the purpose and goals of Delta Academy, write a short statement explaining why you should be selected as a Delta Academy participant.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you are selected to participate in Delta Academy, how do you plan to manage your responsibilities with academy and the other organizations you are involved in?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_____________________________________________________
Student Signature and Date
Greater Cleveland Alumnae Chapter
Delta Sigma Theta Sorority, Inc.

Dr. Betty Shabazz Delta Academy
Parent Information Sheet
2022-2023

Name of Parent or Legal Guardian: _______________________________________________________

Relationship: ______________________________________________________________________

Address: __________________________________________________________________________

City, State, Zip Code: __________________________________________________________________

Home Number: ______________________ Work Number: ______________________

Parent’s/Guardian’s Cell Phone Number: ________________________________________________

Parent’s/Guardian’s E-Mail: ____________________________________________________________

Emergency Contact #1 Name: ___________________________________________________________

Relationship: ______________________ Phone Number: ______________________

Emergency Contact #2 Name: ___________________________________________________________

Relationship: ______________________ Phone Number: ______________________

Delta Sigma Theta Sorority, Inc. Connection:

Are you a member of Delta Sigma Theta Sorority, Inc.? _____Yes _____No

If so, please provide Chapter Name: _____________________________________________________

Is a relative a member? _____Yes _____No  If yes, relationship: ___________________________
Greater Cleveland Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  

Dr. Betty Shabazz Delta Academy  
Parent Consent Form  
2022-2023

By my signature below, I hereby verify that the above information is accurate. My signature grants permission for my child to participate in the Dr. Betty Shabazz Delta Academy virtual field trips, monthly meetings, and activities therein. I will facilitate and support my child’s timely attendance and participation.

I agree not to hold the Greater Cleveland Alumnae Chapter of Delta Sigma Theta Sorority, Inc. or the Dr. Betty Shabazz Delta Academy and its member responsible and/or liable for an injuries or illnesses that my child may sustain while in attendance at the sessions of the Delta Academy. I also agree not to hold the above named organizations or their members or appointees individually, liable for the loss or destruction of my child’s property.

____________________________________    _________________________
Parent’s / Guardian’s Signature                                    Date

APPLICANTS DO WRITE BELOW THIS LINE

------------------------------------------

Date Application was Received  
Method of Delivery  
Other Information:
Greater Cleveland Alumnae Chapter  
Delta Sigma Theta Sorority, Inc.  
11955 Shaker Blvd, Cleveland 44120  
Dr. Betty Shabazz Delta Academy  
2022 - 2023 Tentative Schedule

- Meetings are held virtually on a Zoom videoconference platform.
- Workshops begin promptly at 10 a.m.
- Additional activities/meetings may be scheduled throughout the programming year

<table>
<thead>
<tr>
<th>1st Semester</th>
<th>2nd Semester</th>
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<tbody>
<tr>
<td><strong>Nov. 3rd</strong> - Parent Meeting with Risk Management</td>
<td>January TBD - Saturday Session</td>
</tr>
<tr>
<td>Nov. 5th - Saturday Session</td>
<td>February 4th- Saturday Session</td>
</tr>
<tr>
<td>Nov. 19th – TBA - Annual HBCU Virtual College Fair Virtual</td>
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<tr>
<td>Dec. 3rd – Saturday Session</td>
<td>March 4th - Saturday Session</td>
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<td>April 1st - Saturday Session</td>
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<td></td>
<td>May 6th- Saturday Session</td>
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<tr>
<td></td>
<td>June 3rd – Saturday Session</td>
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</tbody>
</table>

*Dates and Locations are Subject to Change  
**Dates and Events may be Added
APPENDIX A
YOUTH INITIATIVE VIRTUAL MEETING/EVENT
PARTICIPATION AGREEMENT

I/We, ______________________________ (“Parent/Guardian”), as parent(s) or legal guardian(s) of
_____________________________, give permission for Delta Sigma Theta Sorority, Inc. (“the Sorority”) and
the_________________ Chapter of Delta Sigma Theta Sorority, Incorporated (the “Chapter”, together with the
Sorority, “Delta”) to host and facilitate closed virtual meetings/events using Zoom (“the Virtual Meeting Platform”),
that my/our child will attend during participation in ____________ Youth Initiative Program activities,
without payment or any consideration and without notifying me in advance and hereby acknowledge, understand,
and agree to the terms enumerated below, including the terms set forth on any Schedules attached hereto and
incorporated by reference (the “Participation Agreement”).

I/We also understand that the Virtual Meeting Platform may collect information about its users and has its own
privacy terms and conditions to which users must adhere. I/We will be responsible for reviewing the virtual meeting
platform’s privacy terms and conditions before registering for virtual meetings/events.

I/We also understand that my/our child will need the following to participate in a virtual meeting platform.
• A computer, mobile, or tablet device with access to the Internet
• A quiet space in which participants can participate in the virtual meeting/event under the supervision of an
  adult
• Registration for the virtual meeting/event platform and provide some customer data (including but not
  limited to an email address, first and last name, etc.)

I/We also understand, acknowledge and agree to indemnify, defend, protect and hold harmless the Chapter and any
of its officers and members; and the Sorority and any of its officers; National Executive Board; employees;
members; representatives; agents; and assigns from and against any and all liability, whether in law or in equity,
should there a breach of security of the Virtual Meeting Platform and any subsequent injury, malice,
or harm that might occur as a result, and waive and release any and all rights with respect to the same.

I/We hereby hold harmless and release and forever discharge the Chapter and any of its officers and members; and
the Sorority; its officers; National 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
Virtual Meeting Platform as a venue for meetings or events. 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 and
content of the virtual meeting/event, 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 ______________________________, authorized legally
to give this consent, and do hereby give my/our consent without reservation to the foregoing behalf of my/our child.

I/We have fully read and understand the Code of Conduct (attached hereto as Schedule 1). I understand that my
child’s compliance with the Code of Conduct is a condition of her/his participation in the program. I further
acknowledge, understand, and agree that the sanctions for violating the Code of Conduct are reasonable and should
my child be non-complaint, they will be subject to the prescribed disciplinary action.
I/We also give permission for the Chapter and the Sorority to highlight my/our child’s achievements and activities in efforts to promote the youth initiative program through the Virtual Meeting Platform that will include the use of still photographs, moving images or live images, and chats including, if applicable any sound recordings accompanying the images (“Images”) taken of my/our child or provided by my/our child during participation in the Youth Initiative Program in accordance with the terms set forth in the Media and Publication Releases (attached hereto as Schedules 2).

Participant Acknowledgement (Student Participant)

With my parent/guardian, I have fully read and understand the Participation Agreement. I acknowledge that should I fail to abide to the Code of Conduct that my actions will be subject disciplinary action as defined. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Participant Signature
Date

Participant Print Name
**************

Parent/Guardian Acknowledgement

I have fully read and understand the Participation Agreement. I also understand that my child’s compliance with the Code of Conduct is a condition of her/his participation in the program. I hereby acknowledge, understand, and agree to comply with the terms set forth in the Participation Agreement.

Parent/Guardian Signature
Date

Parent/Guardian Print Name

Parent/Guardian Signature
Date

Parent/Guardian Print Name
APPENDIX A – SCHEDULE 1
YOUTH INITIATIVE VIRTUAL MEETING AND PUBLICITY
CODE OF CONDUCT

The Youth Participant Virtual Meeting and Publicity Code of Conduct serves as codified guidance for youth participation in Delta’s Youth Initiative Programs, namely those of a virtual nature. Your signature on the Participation agreement indicates your complete understanding and agreement to comply with this Code of Conduct.

Failure to comply with this Code of Conduct may result in loss of privileges and/or removal from Delta’s Virtual Youth Initiative Programs. As a youth participant in Delta’s Virtual Youth Initiative Programs you are expected to:

- Refrain from use of any profane, foul, hurtful, obscene or vulgar language in any virtual chatroom and during the virtual meetings and events;
- Refrain from engaging in any violence, cyber-bullying, or other aggressive behaviors that may threaten the welfare of other participants;
- Refrain from any disruptive behavior that may disrupt the virtual meetings and events;
- Be properly groomed and dressed for all virtual youth initiative meetings and events, refrain from wearing articles of clothing that displays profane or obscene language and/or images;
- Keep your camera on at all times during all virtual youth initiative meetings and events;
- Provide a noise-free environment while participating in any and all virtual youth initiative meetings and events;
- Refrain from taking, presenting, and posting any photographs, screen shots, video recordings, and/or screen recordings of any virtual youth initiative meetings or any confidential information disseminated during any virtual youth initiative meetings;
- Refrain from taking, presenting, and posting any and all inappropriate content including photographs, screen shots, video recordings, and/or screen recordings of any other youth participants of Delta’s youth initiative programs;
- Contact the leader of your youth initiative program if you have any questions or need clarification regarding the Code of conduct.

SANCTIONS FOR VIOLATING CODE OF CONDUCT

4. 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-week suspension from program
   • Next occurrence youth is removed from the program.

5. Physical Violence and Other Misconduct:
   • 1st Time: Removal from situation, loss of privileges, guardian notified from this point forward
   • Next occurrence youth is removed from the program.

6. 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.

7Cyber-bullying is defined in Delta’s Technology Guidelines as identified in Footnote 1.
APPENDIX A – SCHEDULE 2
MEDIA & PUBLICATION RELEASE

In accordance with the terms of the Participation Agreement, Delta Sigma Theta Sorority, Inc. (“Delta”) will be filming, recording and photographing this event for use in Delta promotional videos, photography, advertisements, social media platforms, web pages, and other future Delta events, as the case may be, (the “Production”). In addition, Delta may use and publicize the name, image, likeness, and any other personal characteristics or other information provided by or related to the Participant that is derived from the filming, recording and photographing of this event for use in Delta videos, photography, articles, as well as any advertising and promotional materials on mediums that may include on-demand, streaming, or other web services, social media platforms, and print news and information outlets, and any other the case may be (the “Publication”).

As specified within the Agreement therein, participant and participant’s parent/guardian (participant and participant’s parent/guardian together, “Participant”), via continued participation in and by continuing to remain logged into this event, hereby:

(i) acknowledges that Participant may be photographed, filmed or otherwise recorded while on the premises of the event,
(ii) grants Delta, its successors, assigns and licensees (“Authorized Persons”) irrevocable consent to include Participant’s name, likeness, photographic image, mannerisms and voice or other recording (“Media”) in any Publication or for any purpose whatsoever in any and all mediums now known or hereafter devised throughout the universe in perpetuity without compensation and/or credit,
(iii) acknowledges no right to review or approve Materials before they are used by Delta, and that Delta has no liability to me for any editing or alteration of the Materials or for any distortion or other effects resulting from Delta’s editing, alteration, or use of the Materials, or Delta’s presentation of me, should Delta choose create or use the Materials or to exercise any rights given by this Agreement,
(iv) acknowledges that Delta is the exclusive owner of all display, publication, and ownership rights, including copyright, trademarks, and any other intellectual property, from Media and Materials arising in any jurisdiction throughout the universe in perpetuity, including all registration, renewal, and reversion rights, and the right to sue to enforce such intellectual property against infringers,
(v) acknowledges that Delta holds and shall forever hold all display, publication and ownership rights, licenses and privileges to any and all Media, whether in law or in equity, which may be asserted, ascertained, registered or in any way utilized with respect thereto,
(vi) waives all legal and equitable rights against Delta and any authorized persons relating to all liabilities, claims, demands, actions, suits, damages, and expenses, including but not limited to claims for copyright or trademark infringement, infringement of moral rights, libel, defamation, invasion of any rights of privacy (including intrusion, false light, public disclosure of private facts, and misappropriation of name or likeness), violation of rights of publicity, physical or emotional injury or distress, or any similar claim or cause of action in tort, contract, or any other legal theory, now known or hereafter known in any jurisdiction throughout the world, arising directly or indirectly from Authorized Persons’ exercise of their rights under this Release and whether resulting in whole or in part from the negligence of the Sorority, the Chapter, or any other persons, and
(vii) agree that this Agreement cannot be terminated, rescinded, or modified, in whole or in part.

Participant further agrees to abide by and comply with any and all terms of use and/or additional participation rules as applicable and specified during relevant sections of the program and acknowledges, understands, and agrees that violation of such participation rules shall result in legal recourse and disciplinary action.
APPENDIX B
MEDIA RELEASE
(TO BE DISPLAYED AT THE BEGINNING OF ALL VIRTUAL PROGRAMMING)

In accordance with the terms of the Participation Agreement, Delta Sigma Theta Sorority, Inc. (“Delta”) will be filming, recording and photographing this event for use in Delta promotional videos, photography, advertisements, social media platforms, web pages, and other future Delta events, as the case may be, (the “Production”).

As specified in the Participation Agreement, participant and participant’s parent/guardian (participant and participant’s parent/guardian together, “Participant”), via continued participation in and by continuing to remain logged into this event, hereby: (i) acknowledges that Participant may be photographed, filmed or otherwise recorded while on the premises of the event, (ii) grants Delta, its successors, assigns and licensees irrevocable consent to include Participant’s name, likeness, photographic image, mannerisms and voice or other recording (“Media”) in the Production or for exploitation for any purpose whatsoever in any and all media now known or hereafter devised throughout the universe in perpetuity without compensation and/or credit, (iii) represents, warrants and agrees that Delta holds and shall forever hold all display, publication and ownership rights, licenses and privileges to any and all Media, whether in law or in equity, which may be asserted, ascertained, registered or in any way utilized with respect thereto (“Rights”), and (iv) waives, releases and transfers, as the case may be, any and all such Rights, whether in law or equity, as may be necessary or required to effectuate Delta’s establishment of ownership.

Participant further agrees to abide by and comply with any and all terms of use and/or additional participation rules as applicable and specified during relevant sections of the program and acknowledges, understands, and agrees that violation of such participation rules shall result in legal recourse and disciplinary action.
APPENDIX C – PRINT AND ONLINE PUBLICATIONS

PARENTAL NOTICE

You are receiving this notice in accordance with the youth program Participation Agreement. Your youth participant’s name, image, likeness or other personal characteristics may be featured on the website and/or in the publication listed below.

DATE: ____________________________________________________
CHAPTER: __________________________________________________
PROGRAM: __________________________________________________

PUBLICATION #1:
WEBSITE (IF APPLICABLE): ___________________________________
DATE OF PUBLICATION: _______________________________________
ADDITIONAL DETAILS: _________________________________________

PUBLICATION #2:
WEBSITE (IF APPLICABLE): ___________________________________
DATE OF PUBLICATION: _______________________________________
ADDITIONAL DETAILS: _________________________________________

All references will be made in accordance with the terms specified in the Participation Agreement. To confirm, Chapters/Members are limited to the information they may provide and may only provide the youth participant’s name accompanied along with one of the pre-approved selections listed below.

Pre-approved selections:

- Aspirations/goals
- Hobbies/community service activities
- Favorite quotes, books, music, etc.
- Best memories/aspects of Youth Initiative Programs
- Fun facts

In instances where youth participants have been awarded a scholarship or monetary prize, Chapters are prohibited from disclosing the value of the monetary award or scholarship to the public or any online or print publication.