



Sponsored by Stone Mountain-Lithonia Alumnae Chapter of Delta Sigma Sorority, Inc.

## Parental Consent Form

(To be completed and signed by parent/guardian)

I give permission for my daughter to participate in the 2009-2010 Delta Academy. I understand that transportation to and from any DELTA Academy activity is the sole responsibility of the parent(s)/guardian(s). I also waive, release, and discharge all claims for personal and property damages arising out of my daughter's participation. I also understand that modules of the DELTA Academy may be video taped and/or photographed and portions of the materials may be used for promotional materials.

I give permission for my daughter to be video taped or photographed.

I do not give permission for my daughter to be video taped or photographed.

I understand that transportation to and from any Delta Academy program activity is the sole responsibility of the parent(s)/guardian(s). I also waive, release, and discharge all claims for personal and property damages arising out of my daughter's participation

I also understand that in order for SM-LAC DELTA Academy 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 at my own expense if my child needs to be sent home for disciplinary reasons.

### **Emergency Medical Information**

In order to meet all legal requirements, I hereby authorize the members of the Stone Mountain-Lithonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to give consent for my daughter to receive all emergency medical care. In the event that I cannot be reached to make emergency medical care arrangements at the time of illness or accident, I hereby authorize the members of the Stone Mountain-Lithonia Alumnae Chapter of Delta Sigma Theta Sorority, Inc. to take my daughter to the nearest hospital or medical facility.

### **Emergency Contact Person (Please list two (2)):**

Name& Relationship: Phone#

Name& Relationship: Phone#

I, the undersigned, having read, understood, 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 SMLAC Delta Academy 2009-2010.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_  
(Parent/Guardian signature)



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## RESPECT CODE

1. I will not loiter outside Miller Grove Middle School, including surrounding parking lots.
  2. I will not smoke cigarettes or use tobacco products on the premises.
  3. I will refrain from the possession or use of alcohol and drugs.
  4. I will not skate, bicycle, or use motorized bikes on the premises.
  5. I will not possess or use illegal or dangerous objects of any kind.
  6. I will not use profanity or abusive language of any kind.
  7. I will not engage in fighting, physical abuse, or disrespectful behavior to adult members and/or other Academy participants.
  8. I will not kick or throw any item while inside the school unless it is part of an organized activity.
  9. I will not chew gum or spit on the premises.
  10. I will respect the property of others.
  11. Delta Academy or its representatives are not responsible for any lost or stolen items.
  12. The DeKalb County School District Code of Conduct will be enforced at the Delta Academy.
  13. Any criminal act will be reported immediately to a Delta Academy representative.
  14. As mandated by state law, the Delta Academy staff must and will report suspected instances of child abuse to Child Protective Services.
  15. I will respect myself in regards to abstinence and sexual behavior.
- \*\*\*The following instances will warrant immediate removal from the program (physical altercations, profanity, and disrespect of an adult)\*\*\***
- Any intentional disregard for these guidelines will result in an immediate consequence, notification of parents, and possible suspension or expulsion from Delta Academy programs.**

### Consequences

- First infraction- Conference with participant***
- Second infraction- Conference with parent***
- Final infraction-Dismissal from the Delta Academy Program.***

**I HAVE READ THE RESPECT CODE AND UNDERSTAND THAT APPROPRIATE CONSEQUENCES WILL BE GIVEN IN THE EVENT THAT I DISREGARD THESE GUIDELINES.**

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_