



**DELTA SIGMA THETA SORORITY INCORPORATED
SAN BERNARDINO-RIVERSIDE AREA ALUMNAE CHAPTER**

Dr. Jeanne L. Noble Delta G.E.M.S. Institute

Growing and Empowering Myself Successfully

PARTICIPANT APPLICATION FORM

Date _____

Name _____

DOB _____ Age _____ Current Grade _____ G.P.A. _____

Address _____

City _____ State _____ Zip _____

Home _____ Cell: _____

Email address _____

School (Please give FULL name.) _____

Location (city) _____

Favorite Subjects: _____

Extra-curricular Activities _____

Hobbies _____

Talents (What do you do best and like to do most?)

What do you want to get from participating in the Delta G.E.M.S.?

Participant Emergency Information Form

Date _____

Participant Name _____ DOB _____ Age _____

Address _____

City, State, Zip Code _____

Home _____ Cell _____

Emergency Contact's Name _____

Relationship _____ Home _____ Cell _____

Address (if different) _____

City, State, Zip Code _____

Alternate Contact's Name _____

Relationship _____ Home _____ Cell _____

Address (if different) _____

City, State, Zip Code _____

PLEASE PROVIDE DETAILS OF ALL KNOWN MEDICAL CONDITIONS INCLUDING FOOD AND/OR DRUG ALLERGIES. IN ADDITION, INCLUDE ALL PRESCRIBED AND/OR OVER THE COUNTER MEDICINES TAKEN REGULARLY.

Primary Insurance Company _____

Phone Number _____ Policy Holder's Name _____

PARENT/ LEGAL GUARDIAN VERIFICATION AND PERMISSION

By my signature, I hereby verify that the information listed above is current and accurate to the best of my knowledge. I further agree and authorize the appropriate actions in the case of an emergency in accordance with the information provided on this form. I confirm that my child has been granted my permission to participate in the activities and field trips planned by the Dr. Jeanne L. Noble Delta G.E.M.S. Institute Program including Delta Youth State Days in Sacramento.

Signature

Print Name

Date

Relationship _____

THIS APPLICATION MUST BE FULLY COMPLETED AND RETURNED FOR YOUR CHILD TO BE AN ACTIVE PARTICIPANT IN THE DR. JEANNE L. NOBLE DELTA G.E.M.S. INSTITUTE.

Return Completed form to:

Chair: Shavon Johnson or Co-Chair: Faith Ellis

Or via email: sbraacgems@gmail.com

Thank you,

**Ms. Shavon Johnson & Ms. Faith Ellis,
Chair and Co-Chair Delta GEMS**

Ms. Julie Wilson, Chapter President