

2017 – 2018 SPARTANBURG (SC) KAPPA LEAGUE EMBODI PROGRAM MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Age:	Date of Birth:	Grade:
Current address:		
City:	State:	ZIP Code:
School Currently Attending:		
Participants Email Address:		
Applicant's Phone Number:	Mobile:	Home:

PARENTS (EMERGENCY CONTACT)

Parent(s)/Guardian(s) Name:		
Address:		Mobile Phone:
City:	State:	ZIP Code:
Parents Email Address:		
Home Phone:	Mobile:	Alternate Phone:

APPLICANTS ACKNOWLEDGEMENT

I wish to participate in the Kappa League EMBODI Program. I promise to be careful to prevent damage to any buildings that may be used while participating in activities with Program. I also agree to obey rules of the Kappa League program, and that at any time I can be expelled from the Kappa League Program for conduct that is detrimental to the program.

Applicant Signature:	Date:
Parent/Guardian Signature:	Date:

DO YOU PARTICIPATE IN ANY SCHOOL SPORTS? IF YES, WHICH ONES AND ATTACH SCHEDULES?

1.
2.
3.

ARE YOU INVOLVED IN ANY OTHER EXTRACURRICULAR ACTIVITIES, PROGRAMS, OR ORGANIZATIONS? IF YES, WHAT ARE THEY AND WHAT POSITION OF LEADERSHIP DO YOU HOLD IN EACH, IF ANY?

1.
2.
3.

WHAT ARE YOUR HOBBIES AND INTERESTS?

1.
2.

**2017 – 2018 SPARTANBURG (SC) KAPPA LEAGUE EMBODI PROGRAM
MEMBERSHIP APPLICATION**

3.

DO YOU ATTEND OR ARE YOU A MEMBER OF A PARTICULAR CHURCH?

EDUCATION BACKGROUND

Academic Classification (Choose Below)

6th Grade 7th Grade 8th Grade 9th Grade 10th Grade 11^h Grade 12^h Grade

Please list the courses you are currently enrolled in this semester and indicate if the course is AP, Honors, or Regular

1.

2.

3.

4.

5.

6.

7.

Which course do you enjoy the most?

Which course do you enjoy the least?

THIS SECTION OF THE APPLICATION SHOULD BE COMPLETED BY THE PARENT AND/OR GUARDIAN OF THE YOUNG MAN APPLYING FOR MEMBERSHIP INTO THE KAPPA LEAGUE PROGRAM

FOR STATISTICAL PURPOSES

NUMBER OF PERSONS LIVING IN HOUSEHOLD:

YOUTH LIVES WITH: MOTHER FATHER BOTH GRANDPARENTS OTHER: _____

NATIONALITY: BLACK WHITE HISPANIC ASIAN OTHER _____

PHOTO RELEASE

I GIVE PERMISSION TO THE SPARTANBURG (SC) ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC. TO USE OR RELEASE ANY PHOTOS OF MY CHILD, TAKEN FOR THE PURPOSE OF PROMOTION OF THE KAPPA LEAGUE PROGRAM.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

**2017 – 2018 SPARTANBURG (SC) KAPPA LEAGUE EMBODI PROGRAM
MEMBERSHIP APPLICATION**

PARENTAL ACKNOWLEDGEMENT

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE KAPPA LEAGUE PROGRAM. I UNDERSTAND THAT THE SPARTANBURG ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC. IS NOT RESPONSIBLE FOR PERSONAL INJURY OR LOSS OF PROPERTY. I UNDERSTAND THAT MY CHILD IS FREE TO LEAVE THE PROGRAM AT ANY TIME. I AGREE TO IMMEDIATELY UPDATE THIS APPLICATION WHEN ANY OF THE INFORMATION CHANGES.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MEDICAL INFORMATION

PLEASE LIST ANY MEDICAL CONDITIONS, HEALTH CONCERNS, OR ALLERGIES YOUR CHILD HAS THAT WE SHOULD BE AWARE OF.

- 1.
- 2.
- 3.
- 4.

RELEASE FOR MEDICAL TREATMENT

IN THE EVENT OF AN EMERGENCY AND THE INABILITY OF THE SPARTANBURG (SC) ALUMNI CHAPTER OFFICERS AN/OR DIRECTOR OF THE KAPPA LEAGUE PROGRAM TO OBTAIN CONSENT, I HEREBY GIVE PERMISSION FOR THE SPARTANBURG ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC. TO AUTHORIZE ANY MEDICAL TREATMENT OR SURGERY WHICH A PHYSICIAN OR SURGEON SHALL DEEM NECESSARY FOR MY CHILD.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

IN THE CASE OF AN EMERGENCY, WHICH HOSPITAL OR URGENT CARE FACILITY DO YOU PREFER TO HAVE YOUR CHILD TRANSPORTED?

HOSPITAL/URGENT CARE FACILITY: _____

PRIMARY CARE PHYSICIAN'S NAME: _____