Pearls of HOPE Foundation, Inc. with

Alpha Kappa Alpha Sorority Inc., Pi Delta Omega Chapter

Dear Participant and Parent,

Thank you for your expressed interest in Pearl Essence Mentoring Group. We look forward to an exciting and rewarding mentoring experience. Please complete the application and return to [pearlessencegroup@gmail.com](mailto:pearlessencegroup@gmail.com) by September 7, 2020.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Participant Information** | | | | | | |
| Full Name: |  | | Date of Birth: | | |  |
| Address: |  | | | | | |
| City, State: |  | | Zip: |  | | |
| E-mail: |  | | | | | |
| Cell Phone: |  | | Home Phone: | |  | |
| High School: |  | | Grade Level:  (2020-2021 SY) | | |  |
| Weighted GPA: |  | | Unweighted GPA: | | |  |
| Expected Graduation Date: | |  | | | | |

**School Related Activities**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Organization | Start Date | End Date | Position(s) Held | Honors |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Honors and Awards:**

|  |  |
| --- | --- |
| Name of Honor or Award | Date Received |
|  |  |
|  |  |
|  |  |

**Interest and Hobbies**

(Please list your personal interest and hobbies)

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Religious Affiliation** | | | | | | Do you have any church or religious affiliations? | | Yes☐ No☐ | | | | If yes, what is the name of your affiliation? |  | | How long have you been affiliated? |  | | What activities do you participate in? |  | | | | |  | | | | | |

**Parent/Guardian Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian 1 | | | | | |
| Full Name |  | Relationship to Student | | |  |
| Address |  | | | | |
| City, State |  | Zip |  | | |
| E-mail |  | | | | |
| Cell Phone |  | Home Phone | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian 2 | | | | | |
| Full Name |  | Relationship to Student | | |  |
| Address |  | | | | |
| City, State |  | Zip |  | | |
| E-mail |  | | | | |
| Cell Phone |  | Home Phone | |  | |

|  |  |
| --- | --- |
| Emergency Contact Information | |
| Emergency Contact 1 |  |
| Cell Phone |  |
| Emergency Contact 2 |  |
| Cell Phone |  |

**Acknowledgment of Commitment and Responsibilities**

(Parents/Legal Guardians must initial their acknowledgment of the statements below.)

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| --- | --- |
|  |  |
| *Initial* | During the debutante season (2020-2021), Debutantes are expected to attend all planned activities leading up to and including the Cotillion held in the Spring of 2021. Debutantes are expected to communicate any absences and/or emergencies in a reasonable time frame. They are also expected to communicate any conflicting academic and/or extracurricular activities within a timely manner to ensure maximum participation in the Pearl Essence Cotillion. Debutantes are expected to be respectful, cooperative, on time, and maintain a high moral standard throughout the preparation and execution of the Debutante Cotillion. |
|  |  |
| *Initial* | Debutantes will be asked to solicit sponsorships (through ticket sales and ad sales) from family, friends, and local businesses in support of their participation in this program. |

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| --- | --- | --- | --- |
|  |  |  | |
| Parent/Guardian Name | Parent/Guardian Signature | | Date |

**Parent/Legal Guardian Permission**

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| --- |
| My daughter \_\_\_\_\_\_\_\_Participant Name\_\_\_\_\_\_\_\_\_ has permission to participate in the Pearl Essence Mentoring Group and Debutante Cotillion 2021. I understand that participation is voluntary and if my child withdraws at any time the full participation fee is non-refundable. |

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| --- | --- | --- | --- |
|  |  |  | |
| Parent/Guardian Name | Parent/Guardian Signature | | Date |

**Media Release and Parental Consent**

Please be advised that during the 2020-2021 year your daughter will be photographed, videotaped, or interviewed at various AKA Pi Delta Omega events as well as Pearl Essence events. With your consent, the photographs, videos or interviews may be reproduced and released for use in the media, i.e. Facebook, Instagram, Group Chat and AKA Pi Delta Omega Chapter newsletters.

Please indicate your preference below:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Participant Name |  | | Grade Level |

**YES** **☐** My daughter’s photograph/video/interview **may** be reproduced and

Released for use in the media

**NO** **☐** My daughter’s photograph/video/interview **may not** be reproduced

And released for use in the media.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | |
| Parent/Guardian Name | Parent/Guardian Signature | | Date |

**RELEASE OF LIABILITY and AGREEMENT**

IN CONSIDERATION OF Alpha Kappa Alpha Sorority, Inc. Pi Delta Omega Chapter allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. TO ASSUME and ACCEPT ALL RISKS arising out of, associated with or related to my or my child’s participation in the Activities.

2. TO WAIVE and RELEASE Alpha Kappa Alpha Sorority, Inc. Pi Delta Omega Chapter from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child’s participation in the activities due to any cause whatsoever.

3. TO INDEMNIFY and HOLD HARMLESS Alpha Kappa Alpha Sorority, Inc. Pi Delta Omega Chapter from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child’s participation in the activities.

4. TO INDEMNIFY and HOLD HARMLESS Alpha Kappa Alpha Sorority, Inc. Pi Delta Omega Chapter from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child’s participation in the Activities.

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| --- | --- | --- | --- |
|  |  |  | |
| Parent/Guardian Name | Parent/Guardian Signature | | Date |