

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

presents

Fabberwock 2013-14

“Renaissance: Clever & Captivating Jewels”



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Jabberwock 2013-14

Program Overview

Parents/Guardians

Jabberwock is designed to be competitive, fun, a lot of hard work but ultimately, a very rewarding experience for the participant and their loved ones. It requires the full support and involvement of parents, family, guardians, friends and community.

Each participant must have approval of a parent or guardian to participate in Jabberwock. While expectations are that participants make a commitment to the program design, it is also the responsibility of the parent(s) or guardian(s) to ensure that the participant abides by all Jabberwock guidelines. This will ensure that the Jabberwock participant makes the most of the Jabberwock experience.

Participants

Jabberwock participants are young ladies who are juniors and seniors in the 2013-2014 school years. All participants are expected to engage in all Jabberwock social, educational, service, community activities, and fundraising activities; as well as the Jabberwock pageant. We also expect to be notified in advance of issues and conflicts in your schedule that interfere with your full participation.

Young ladies who have participated in a previous Durham Alumnae Chapter Jabberwock gala are not eligible to participate again. We will only present a young lady to society once. Occasionally, young ladies will begin the program and then will have to withdraw before the gala. In this case, she is eligible to participate in a future year (as long as she is still in high school). However, she will be required to complete the full application process again.

Activities

Jabberwock is a fun event. Part of this fun is the activities leading up to the Jabberwock Program. These vary from year to year, but have typically included outings such as teas, cookouts, and participation in a local college homecoming parade and active participation in public service activities. Jabberwock activities also include self-improvement activities such as health awareness, career development and social graces.

Each participant is expected to attend these activities and take full advantage of the Jabberwock experience.

Fundraising

Jabberwock is a fundraising event. In order to be successful in this area of the program, each participant is encouraged to raise funds through the solicitation of general contributions, ads, family and church organized fundraising events that will contribute your success. General contributions of \$25 or more and ads will be featured in the Jabberwock Souvenir Book.

There will be a specific process and schedule for the submission of ads, patron lists and funds collected by the participant. It is important that each participant adhere to the process and all deadlines to assure accurate recording of funds raised, patron listings, and ad placements.

All participants will be notified early in the program of the final reporting period for fundraising. The participant who raises the largest amount of money by the end of the Jabberwock official reporting date will be crowned Miss Jabberwock. The winner will be announced during the gala event on the night of the Jabberwock Gala. In the spirit of fair competition, the amount of the funds raised by each participant will be a confidential matter between the participant, her parent(s) or guardian(s) and the bonded financial officers of Delta Sigma Theta Sorority, Inc., Durham Alumnae Chapter until the announcement is made during the program, on the night of the Jabberwock Gala.

Scholarships

Jabberwock is a scholarship program. The Jabberwock scholarships are awarded to each participant based on the amount of funds raised by that participant. Funds will be distributed to the participant after she has graduated from high school. If a participant should withdraw from the program early (before the gala), she will forfeit her scholarship earnings.

Jabberwock is a special event. At the end of the fundraising period, the event will culminate in an evening of elegance, recognitions and scholarship awards. The participant, her parent(s) or guardian(s) and her marshals all participate in this gala event. **This is a formal occasion, and requires formal attire for all participants.**

Participants

Formal attire is required and specific to each participant. The formal attire for the participant (debutante) is:

- White formal gown, short sleeved (not sleeveless), Pure white (not ivory, off-white or ecru),
- Full cut (not fitted to the body), Scooped neckline (not off the shoulders, not on the neck), no splits or sheerness in the dress
- Full skirt (no straight or fitted skirts)
- White, long gloves (opera length)
- White pumps (no open heel and no open- toe)
- White pantyhose
- No jewelry (jewelry will be provided)

Parents or Guardians

Formal attire is required for participating parents or guardians. Formal gowns are floor length. Tee-length gowns are an acceptable substitute. However, mothers/guardians should not plan to wear skirts that are shorter than their ankles.

Marshals

In Jabberwock, there are two categories for Marshals: Senior Marshal and Junior Marshal. The Senior Marshal is usually the father, grandfather, guardian, uncle or adult male family member. The Junior Marshal is a young man chosen by participant to perform general accompanying duties as necessary during the Jabberwock Program.

It is the responsibility of the Jabberwock participants and/or their parent(s)/guardian(s) to secure required marshals. Please consider the duties required when selecting a marshal.

© **Senior Marshal**

The senior marshal is an adult gentleman who performs general accompanying duties for the Jabberwock participant during the Jabberwock Program. This is generally a father, guardian or uncle.

Senior Marshals are required to wear formal attire. He may wear his own standard black tuxedo with a black bow tie and a black cummerbund or vest. If he does not own a standard black tuxedo and accessories, we will make arrangements for him to rent these items.

© **Junior Marshal**

The junior marshal is a young adult or teen gentleman who performs general accompanying duties for the Jabberwock participant during the Jabberwock Program. This is generally a dependable schoolmate, friend, brother or other relative. In addition, junior marshals will be asked to participate in select Jabberwock activities during the program.

Junior Marshals are required to wear the formal attire that is chosen by the Jabberwock committee. Families will be given the information on procedures that they will follow to rent the formal attire for the junior marshal.

It is the responsibility of the participant to secure a junior marshal. The Sorority encourages the participant to strongly consider the use of a brother, other relative or close family friend for this responsibility. *If the selected junior marshal is under the age of 18, he must have approval from a parent or guardian to participate.*

Advertisements

Please solicit commercial ads from businesses and personal ads from family and friends. When soliciting, please complete the Advertising Contract and give a copy to the purchaser as a receipt and turn in a copy with your ad. Additional forms are available from the Jabberwock Chair, or responsible committee member. Advertisements must be submitted electronically in camera-ready format.

Cost of Ads:

Full Page	\$175
One-Half Page	\$100

Money for all ads must be received by the Souvenir Book submission deadline in order for them to appear in our Souvenir Booklet. Ads must be paid in advance before they can be included in the Souvenir Booklet and/or credited to the participant's overall total. All persons and/or organizations purchasing a full-page ad, a half-page ad or making a donation as a Platinum Patron will receive a copy of the Jabberwock 2013-14 Souvenir Journal.

Other Fundraising Events

In addition to soliciting ads or other contributions, you may have fundraising events; however, **you may not do it as a fundraising event in the name of Delta Sigma Theta Sorority, Inc.** You may do this solely as a Jabberwock participant. Money that you collect from this type of activity will be credited to your total. *As a participant of Jabberwock, you have signed and agreed that **ANY AND ALL funds that have been raised as a Jabberwock participant must be submitted to the Sorority.*** This is a legal requirement.

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

PERCENTAGE RECEIVED FROM MONEY RAISED

\$10,000 or more	75%
\$7,000 to \$9,999	60%
\$4,000 to \$6,999	50%
\$3,999 or less	40%

The participant who raises the most money will be crowned Miss Jabberwock. Participants will receive their scholarship award on or before July 15th following their graduation from High School.

PARTICIPANT APPLICATION PROCESS

Application

The application deadline for Jabberwock 2013-14 is Friday, May 31, 2013.

- ⊙ \$100 Qualifying Fee (non-refundable, check or money order made payable to, Delta Sigma Theta Sorority, Inc. Durham Alumnae Chapter)
(Please note that this fee does not go towards monies raised in your quest to become Miss Jabberwock.)
- ⊙ Completed and Signed Consent Form
- ⊙ Completed Waiver & Release Form
- ⊙ Submit Participant Profile Form Online (<http://tinyurl.com/profile1314>)
- ⊙ Completed Transportation & Emergency Medical Forms
- ⊙ E-mail Photo of Participant to dstdacjabberwock@gmail.com
(Does not have to be a headshot from a professional photographer, but the participant should look professional in the photo.)

Submissions may be made by mail to the following address. Ladies permitted to submit applications after May 31st. However, they may not receive approval to begin fundraising until after their letter is approved.

Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter
ATTN: Finance Team - Jabberwock 2013-14
P.O. Box 2882
Durham, NC 27715-2882

Participant Notification

Participants will receive verbal notification of the receipt of a completed application and approval to proceed with fundraising efforts. Written correspondence will be forwarded to participants confirming receipt of the application and extending salutations. Participants will be notified no later than June 10, 2013.

Tips and Guidelines for Success

We want your Jabberwock experience to be as memorable and rewarding as possible. To make the most of this experience and to ensure successful fundraising, accurate reporting and recording of funds submitted, we ask that you please adhere to the following tips and guidelines.

During the Jabberwock Experience

1. Enjoy your quest for Miss Jabberwock!
2. Consider keeping a scrapbook of your Jabberwock experience.
3. Select your senior marshal and junior marshal early (consider using relatives).
4. Encourage your marshals to reserve their formal attire early.
5. Secure your formal white gown early.
6. Bring your activity record with you to each event. These events have been planned just for you.
7. Maintain your lady-like appearance in actions and dress.
8. Continue to be a student of good academic standing in your school.
9. Keep your parents or guardians informed of our Jabberwock activities.
- 10. Utilize your Jabberwock contacts – we are here to help you!**

During Fundraising Process

1. Make contacts for contributions early and **follow-up**.
2. Consider making contact with out-of-town contributors first.
3. Keep names and addresses of contributors in alphabetical order on index cards or list them in a notebook.
4. Write thank you notes to contributors.
5. Use the ad samples to help you write any personal ads.

Collection of Funds

Make appointments for fund submission with 48 hours notice, please.

Preparation for collection:

- * Know your total prior to our meeting.
- * Please provide checks (separate from all other documents) in a stack grouping like amount together (e.g. all \$25 checks together, all \$50 checks together, etc.)
Cash can be deposited, but it is discouraged. Please do not bring coin change.
- * The collection is much more efficient when money has been totaled and checks are grouped prior to the meeting.
- * Remove all paperclips, rubber bands, etc. prior to delivery to the Asst. Financial Secretary.
- * Arrive 10 minutes prior to appointment time.
- * Remember that fund submissions are confidential. Please refrain from discussing submission amounts with other participants or anyone other than the bonded financial officers of Durham Alumnae Chapter, Delta Sigma Theta Sorority.

Make sure “Jabberwock Scholarship-Participant Name” is written on the memo line of all checks.

Remember that while members of Durham Alumnae who collect funds are knowledgeable on some of the aspects of the Jabberwock Program, they may not be able to answer specific questions that you may have concerning areas outside of fund collection. Please direct questions not directly relating finance to either the Jabberwock Chair or the appropriate Jabberwock committee contact.

Retain all receipts for amounts submitted.

After submitting funds, continue your fundraising efforts until the funds submission deadline.

Preparation for Ads & Patron List:

- * Participants/Parents are asked to provide a **typed patron list** for each patron category. These must be submitted electronically to the committee preparing the souvenir journal. However, a hard copy back-up may be delivered during collections.
- * Ads must be camera ready and **MUST BE** submitted electronically to dstdacjabberwock@gmail.com.
- * Check and recheck all names, ad listings and layouts for accuracy before submitting.
- * To ensure that **NAME** of contributor is listed correctly, attach **AD** and **FUNDS** to contract.

Attach all funds and ads (business cards, pictures, camera-ready art work, etc.) to contracts with PAPER CLIPS ... DO NOT STAPLE.

-Ensure that the attached funds match the amount specified on the contract.

-If contribution contracts are for more than one participant, please ensure that the amount that goes to each participant is noted in the contract.

All monies for patrons and ads listed in the book must be received by **a date to be announced! These must be delivered electronically; also back-up hard copies can be delivered during collections.

**Parents/Participants will have the opportunity to review their Ads and Patron list by appointment at DADH. Please contact the Jabberwock Committee (dstdacjabberwock@gmail.com) to schedule your appointment.

The primary contact for collection appointments is dacfinance@gmail.com

Suggestions for Jabberwock Fundraising

Fundraising is more than raising money. It's a personal achievement for accomplishing goals to benefit others as well as yourself. Here are some suggestions to assist you in reaching your educational potential.

Activities

Donations – Patrons	Yard Sales
Ads	Raffles
Letters of Solicitation	Car Washes
Bake Sales, Dinner Sales	Candy Sales
Auctions	Talent Shows
Gospel Fest	Dances/Discos
Skate Parties	Phone-A-Thon

Ads

1. Ask for contributions from businesses your family patronizes:

Beauty Shops	Law Firms
Insurance Companies	Churches
Barbershops	Florists
Doctors	Clothing/Shoe Stores
Restaurants	Cleaners

2. Make contact in person if possible

Donations

1. Carefully design a solicitation letter
(This MUST be approved by the Jabberwock committee prior to distribution)
2. Let parents and Jabberwock Chair review your letter
3. Be specific regarding purpose, dates, deadlines, and categories of giving

Yard Sales

1. Collect items from family, friends and neighbors
2. Label according to sizes, prices
3. Arrange in orderly manner
4. Advertise Early
5. Choose a well populated area
6. Seek Yard Sale Packet from Durham Herald-Sun
7. Make signs
8. Take at least \$10 in change

Bake Sales

1. Arrange attractively
2. Consider special diets, (i.e. bran muffins)
3. Advertise Early
4. Have a variety of items
5. Choose items that won't spoil easily
6. Price items
7. Take at least \$5 in change

Raffles

Examples--although almost anything can be used:

1. Gas
2. Appliances
3. TVs, Radios, "Boom Box", Stereo
4. Quilts
5. Autographed memorabilia, i.e. sneakers, basketballs
6. Shows, Concert Tickets

Letters of Solicitation

1. Teachers
2. Relatives
3. Businesses
4. Churches
5. Members of the Sorority
6. Out-of-Town Family Contacts

Car Washes

1. Make signs large enough to be seen from the street
2. Advertise
3. Seek a populated area
4. Be certain of enough supplies to wash/wax cars

Candy Sales

1. Order early
2. Have an understanding of the contract
3. Seek parental guidance for accounting of money
4. Seek a dependable group of friends to assist

Auctions

1. Select new items
2. Silent Auction (include paper for writing prices)
3. Select an appealing location, i.e. recreation centers
4. Develop invitations/invitation list
5. May combine with receptions, dances, and dinners. Choose an auctioneer that has personality and humor—a good speaker.

Talent Show/Gospel Fest

1. May be especially appealing to school-age groups (talent show)
2. Organize
3. Limit to about 10 acts
4. Include a variety
5. Know your talent–Have a rehearsal
6. May be appealing to adults (gospel fest)
7. Parental negotiation for facility
8. Limit time per performance.

Dances/Discos/Skating Parties

1. Parental negotiations for facility
2. Organize
3. May announce raffle winners at these activities
4. Set a reasonable price
5. Have an adult chaperone

Phone-A-Thon

1. Strategize a standard appeal
2. Let phone ring 3 times
3. Try at least twice

Hair Cut-A-Thon

1. Select a stylist (should be a close friend) to donate time and money or to give percentage of money for cuts (barber or hairdresser)
2. Advertise
3. Ask for bargain prices

General Tips

1. Keep accurate record of monies raised
2. Pay any bills for expenses promptly
3. Try to submit monies at least a week after an event
4. Start events on time and end on time
5. Be prepared to give receipts upon request
6. Send thank you notes promptly
7. **Do not keep large amounts of money on person at home**
8. Always stress monies are raised for scholarships
9. Be fair and honest

Jabberwock 2013-14

Suggested Timeline for Families

Month	Activity	Details/Why
Now	Assemble Your Team	Gather your 'steering committee' or 'Dream Team' that will help organize your fundraisers. You should meet with/communicate with them periodically throughout the fundraising period.
Now	Start putting together your address/contacts lists	Organize your contacts so that you will be ready when solicitation begins
May	Complete application	Submit application materials by 5/31/13
May	Begin preparing solicitation letter	You can start to draft so that you are ready when fundraising kicks off
June	Letter Approval	Submit your letter for approval.
June 15	Fundraising Kick-Off	Once your letter is approved, you can begin to solicit funds. Start distributing letters to family, friends, community businesses
June	Find white shoes (no open-toe & no open-heel)	It is harder to find white shoes closer to the gala. Go ahead and look during Spring & Summer where choices are abundant.
July	Submit Funds	Refer to the collection schedule for details. Do not hold people's checks. Go ahead and submit them as you receive them.
July	Begin looking for dresses	Start early. This may take more time than you think. Check consignment shops and 2 nd hand stores. Also, check with family and friends who have participated in similar activities
July	Start your 1 st Fundraiser	Plan to start your 1 st fundraiser by August 1 st at the latest.
August	Attend Presidents' Tea	This is an opportunity to ask questions, get clarity and support. Participants will receive her Delta 'mentor' who will join your team at this event.
August	Submit Funds	Refer to the collection schedule for details. Do not hold people's checks. Go ahead and submit them as you receive them..
September	Initial Follow Up	Follow-up with your supporters. When you send out letters, you will have to follow up with folk to remind them to get the money in.
September	Choose Marshals	Your marshal choices should be completed and submitted by September 1 st . The Junior Marshal will need to have a permission form and waiver & release. The Senior Marshal will need to complete the waiver & release.

Month	Activity	Details/Why
September 11 5:30 pm	Introduction to Chapter	Participants are parents are invited to DADH, Inc at 5:30 pm. Each participant will introduce herself and her family to the chapter.
September 11 6:00 – 8:00 pm	Sell Items/Solicit Support at DADH	Each month participants or their representatives may set up to solicit funds, sell materials or take order in Suites B-1 & B-2 at DADH, Inc. This is an opportunity to market to members of our chapter. This is the ONLY place where solicitation for support is permitted during Chapter Meetings. This procedure applies to all participants.
September	Submit Funds	Refer to the collection schedule for details. Do not hold people's checks. Go ahead and submit them as you receive them.
September	Start your 2 nd Fundraiser	Your second major fundraiser should kick off by October 1 st at the latest.
October 9 6:00-8:00 pm	Sell Items/Solicit Support at DADH	Participants or their representatives may set up to solicit funds, sell materials or take order in Suites B-1 & B-2 at DADH, Inc.
October	Finalize dress & shoe selection	Purchase gown early so that you have time for alterations before the photos. (Please send photos for your dress for approval before purchase.)
October	Submit Funds	Refer to the collection schedule for details. Do not hold people's checks. Go ahead and submit them as you receive them.
November	Follow Up Again	Make calls/send e-mails to follow up and remind folks of deadlines for ads and patrons. Encourage them to get them to you by Friday, Jan 3 rd at the latest.
November 13 6:00 – 8:00 pm	Sell Items/Solicit Support at DADH	Participants or their representatives may set up to solicit funds, sell materials or take order in Suites B-1 & B-2 at DADH, Inc.
November	Junior Marshal attire	Junior Marshals will need to be fitted & pay their deposit for the tuxedo by Nov. 30th so that he can be photographed for the souvenir journal.
November	Prepare Patron Lists & Ads	You should be keeping up with your supporters and their giving level/type of ad as you go. Start to compile this information for submission to the souvenir journal.
November	Submit Funds	Refer to the collection schedule for details. Do not hold people's checks. Go ahead and submit them as you receive them.
December 11 6:00 – 8:00 pm	Sell Items/Solicit Support at DADH	Participants or their representatives may set up to solicit funds, sell materials or take order in Suites B-1 & B-2 at DADH, Inc..
December	Parent Meeting	This will be your opportunity ask any final questions about gala attire, submission of materials for the souvenir journal and other procedural questions.

Month	Activity	Details/Why
December	Final Follow Up	Go back to your supporters once again to get in donations from any stragglers ☺
December	Submit Funds	Refer to the collection schedule for details.
December	Photos	Participants & Junior Marshal will be photographed in formal attire for the souvenir journal.
December	Wrap Up Fundraising	You should plan to wrap up your major fundraising so that you can submit all checks by the 1 st week in January. (Finance Team will disseminate the due date.)
January	Last day for Ads/Patrons	All ads and patron lists will be submitted electronically. The final date for items for the souvenir journal will be disseminated, but it will be on or before January 7, 2014.
January 8 6:00 – 8:00 pm	Sell Items/Solicit Support at DADH	Participants or their representatives may set up to solicit funds, sell materials or take order in Suites B-1 & B-2 at DADH, Inc.
January	Final Collections	Finance team will disseminate final collection dates. This date will be about 2-3 weeks before the gala.
January	Senior Marshal attire	Senior Marshals who do not own their own standard tuxedo will need to be fitted and pay their deposit by January 18, 2014.
January	Rehearsals	Rehearsals are required. We will make arrangements for Senior Marshals who may live out of town, but the participants, junior marshals and local senior marshals are expected to attend all rehearsals in order to participate in the gala dances.
February	Gala	The ‘big day’!!!
February	Send Thank You Notes	Be sure to follow up by sending thank-you notes to all of your supporters and letting them know the outcome of your hard work.
February	Distribute Souvenir Journals	Give souvenir journals to your platinum patrons and folks who purchased ads.

Jabberwock 2013-14 Participant/Parent/Guardian Consent Form

Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter
P. O. Box 2882
Durham, NC 27715

I, _____ agree to the requirements
below and give permission for my daughter,

_____ to participate in Jabberwock 2013-14
sponsored by Delta Sigma Theta Sorority, Inc., Durham Alumnae Chapter.

Jabberwock 2013-14 is a five to eight month program that targets young women who are rising juniors or seniors as of the 2013-2014 high school year. This is a constructive program divided between leadership development and social education. It is also a fundraising initiative that will award the highest fundraiser in scholarship funds the title of Miss Jabberwock.

As a participant and parent of a participant in the Jabberwock 2013-14 Program, I/we are responsible for the following commitments to the program sponsored by the Durham Alumnae

Chapter of Delta Sigma Theta Sorority, Incorporated.

- ❖ Active participation and attendance to all activities
- ❖ Active participation and attendance to all rehearsals
- ❖ Active participation in fundraising competition events
- ❖ Development and execution of respectful solicitation strategies
- ❖ Timely and accurate recording of names and advertisements for souvenir booklet
- ❖ Sending “Thank You Notes” to all contributors
- ❖ Timely reporting of all funds received or solicited in the name of Delta
- ❖ Adherence to submission times for all Ads and Patron’s list

_____ - Initial Here

By signing this Consent Form, we/I agree to submit the following requirements for participation in the Jabberwock Program sponsored by the Durham Alumnae Chapter of Delta Sigma Theta, Sorority, Incorporated.

Submission of the following items by May 31, 2013:

- ⊙ \$100 Qualifying Fee (non-refundable, check or money order made payable to, Delta Sigma Theta Sorority, Inc. Durham Alumnae Chapter)
(Please note that this fee does not go towards monies raised in your quest to become Miss Jabberwock.)
- ⊙ Completed and Signed Consent Form
- ⊙ Completed Waiver & Release Form
- ⊙ Submit Participant Profile Form Online (<http://tinyurl.com/profile1314>)
- ⊙ Completed Transportation & Emergency Medical Forms
- ⊙ E-mail Photo of Participant to dstdacjabberwock@gmail.com
(Does not have to be a professional headshot, but the participant should look professional in the photo)

We/I understand that if for any reason I, _____ decides to discontinue this program for the five to eight month period, we will not be refunded the \$100 Qualifying/ Entrance Fee and the scholarship funds raised will be forfeited.

I _____ will do my part in being respectful to my peers and mentors.

Note: I understand and agree to the scholarship percentages that have been outline. Also, I understand participantss will receive their scholarship award on or before July 15th following their graduation from high school.

Signature of Parent/Guardian

Date

Signature of Participant

Date

Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter

JABBERWOCK 2013-14

PARTICIPANT PROFILE

Information must be submitted at <http://tinyurl.com/profile1314>

NAME: _____

(First)

(Middle)

(Last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE: _____ CELL: _____

DATE OF BIRTH ____/____/____ AGE: _____

E-MAIL ADDRESS: _____

MOTHER'S FULL NAME: _____

MOTHER'S E-MAIL ADDRESS: _____

FATHER'S NAME: _____

FATHER'S E-MAIL ADDRESS: _____

SCHOOL: _____ GRADE (2013-2014): _____

COLLEGE PREFERENCE: _____

INTENDED COLLEGE MAJOR: _____

Current Community Activities or Involvement:

Talents or Special Interests:

Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter

JABBERWOCK 20113-14
JUNIOR MARSHAL PROFILE

We must have a completed hard copy of this form for parental consent. Also, Junior Marshals Parents/Guardians must submit the Waiver & Release Form.

We would also like for you to submit your Junior Marshal profile information
<http://tinyurl.com/jrs1314>

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

TELEPHONE: _____ CELL: _____

DATE OF BIRTH ____/____/____ AGE: _____

E-MAIL ADDRESS: _____

PARTICIPANT ESCORTING: _____

NAME OF PARENTS: _____

PARENTS' E-MAIL ADDRESS: _____

SCHOOL: _____ GRADE (2013-2014): _____

COLLEGE PREFERENCE: _____

INTENDED COLLEGE MAJOR: _____

HOBBIES OR SPECIAL INTEREST

Name _____

I agree to uphold all of the responsibilities designated to the position of Junior Marshal.

Signature of Parent or Guardian

Date

Signature of Junior Marshal

Date

Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter

JABBERWOCK 2013-14
SENIOR MARSHAL PROFILE

Senior Marshals will need to complete the Waiver & Release form and submit to the Jabberwock Committee.

This information should be submitted at <http://tinyurl.com/srs1314>

NAME:_____

(First)

(Middle)

(Last)

ADDRESS:_____

CITY:_____ **STATE:**_____ **ZIP**_____

TELEPHONE:_____ **CELL:**_____

DATE OF BIRTH____/____/____ **AGE:**_____

E-MAIL ADDRESS:_____

Participant's Name_____

I agree to uphold the responsibilities designated to the position of Senior Marshal.

Signature of Senior Marshal

Date



**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

ADVERTISEMENT CONTRACT

(To be completed by Advertisement Sponsor)

I will support the Jabberwock 2013-14 Scholarship Program, sponsored by the Durham Alumnae Chapter of Delta Sigma Theta Sorority, Inc. by placing the following ad or patron listing in the Souvenir Journal. Donations are not tax deductible.

Maximum Patron Listing Length (30 characters)

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

Each patron listing must be no longer than 30 characters (including spaces and honorifics/titles: Mr., Mrs., Dr., Ms., Atty., etc.). Honorifics/titles must be included on names. Listings that exceed 30 characters will be truncated. Business listings do not require titles.

Please mark the appropriate box

	Ad Description	Price
<input type="checkbox"/>	Full Page	\$175
<input type="checkbox"/>	One-Half Page	\$100
<input type="checkbox"/>	Silver Patron	\$25 - \$49
<input type="checkbox"/>	Gold Patron	\$50 - \$74
<input type="checkbox"/>	Diamond Patron	\$75 - \$99
<input type="checkbox"/>	Platinum	\$100 - above

Photographs may be included in the advertisements for an extra \$25 per photo. All Advertisements will be printed in black and white.

PLEASE PRINT OR TYPE

Name of Business (if applicable):	Street Address:
Subscriber/Contact Name:	City, State and Zip Code:
Title:	Telephone:
Authorized Signature:	

Check, Money Order or Cash payments accepted. Please make all checks and money orders payable to: **Delta Sigma Theta Sorority, Inc. - Durham Alumnae Chapter. Put Jabberwock Scholarships & Participant Name in the memo line.**

Amount Paid: _____ Date: _____ Receipt No: _____

Participant Selling Advertisement: _____

Received by: _____ Reviewed by: _____

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of
_____ (“Participant Minor Child”) do hereby release, waive,
discharge, covenant not to sue and agree to hold harmless Delta Sigma Theta Sorority,
Incorporated (“Delta”), its officers, National Executive Board, employees, members, local
chapters, representatives, agents, affiliates, and assigns (collectively “Releasees”), from any and
all claims, demands, and actions of any and every kind directly or indirectly arising out of, or
relating in any respect to Participant Minor Child’s participation in the Jabberwock Program.

My waiver and release of all claims, demands, actions, and liability shall include without
limitation, any injury, illness, death, property damage or loss to the Participant Minor Child
which may be caused by any act, or failure to act, by the Releasees, unless such injury, illness,
death, property damage or loss is a direct result of the willful misconduct of any Releasee.

I understand that, without limitation of the foregoing, neither Delta, nor the Program, shall be
liable and each is hereby released from all claims that may arise from loss or damage to the
Participant Minor Child’s personal property.

Parent/Guardian Signature

Date: _____

JABBERWOCK 2013-14
TRANSPORTATION &
EMERGENCY MEDICAL FORMS

YOUTH PICK-UP AUTHORIZATION FORM

FIELD TRIP PERMISSION

MEDICAL INFORMATION FORM

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

HEALTH INFORMATION

NON-PRESCRIPTION MEDICATION PERMIT

PHYSICIAN & INSURANCE INFORMATION

EMERGENCY CONTACT INFORMATION

PARENTAL PERMISSION FORM - ADMINISTRATION OF PRESCRIPTION MEDICATION

MEDICATION ADMINISTRATION PROCEDURES

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

YOUTH PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the Jabberwock program. For my child's safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. *(Please include names of either parents or guardians on list below).*

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

By signing below, I verify that I have read and agree to the Student Pick-Up policies described above and authorize the _____ Chapter to release my child to the persons listed above. I also agree to notify the _____ Chapter in writing of any changes to the above list of authorized persons.

Guardian Signature _____ Date _____

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

FIELD TRIP PERMISSION

I/We, _____ (“Parent/Guardian”), as parent(s) or legal guardian(s) of _____ (“Child”), give permission for my/our Child to participate in the Jabberwock Program’s (the “Initiatives”) activities taking place off site. I/we understand that transportation to and from these activities will be provided for my/our Child by the Chapter.

I/We understand that the field trips are part of the Initiatives and if I/we choose to not have my/our Child participate in one or more off-site activities, I/we must make other care arrangements for my/our child during the times of that field trip activity.

I/We assume all risks and hazards of loss or injury of any kind that may arise in connection with such trips, except for gross negligence or intentional infliction of harm by the Initiatives, its officers, agents or employees.

I/We do hereby agree to release and hold harmless the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns from any and all claims, costs, suits, actions, judgments, and expenses for any damage, loss, or injury to my/our child or damage to my/our child’s property arising from my/our child’s participation in field trips, other than damage, loss, or injury that results from gross negligence or intentional infliction of harm by the Initiatives, Delta Sigma Theta Sorority, Incorporated, its officers, National Executive Board, employees, members, representatives, agents and assigns.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

MEDICAL INFORMATION FORM

Today's Date: _____

Health History:

Child's Name (Last, First, M.I.): _____

Gender (check one): Male _____ Female _____ DOB (mm/dd/yy): _____

Parent/Guardian Name: _____

Does Parent/Guardian live in home with child? _____

Parent/Guardian Name: _____

Does Parent/Guardian live at home with child? _____

Is/Has child been under regular supervision of a physician? _____

Name and address of physician _____

Date of last physical exam: _____

Health and Developmental History:

Childhood illness: Check any that apply

Measles Mumps Asthma Chickenpox Rheumatic Fever Hay Fever Diabetes

Epilepsy Whooping Cough Poliomyelitis Ten-Day Measles (Rubella) Three-Day

Measles (Rubella)

Other (please list):

Does child have any significant health history, conditions, communicable illness, or restrictions that may affect child's participation in the _____ Jabberwock program?

(check one) None Yes

If yes, please provide detailed explanation

Does child have any significant food/medication/environmental allergies that may require emergency medical care at the _____ Jabberwock program?

(check one) None Yes

If yes, please provide detailed explanation _____

Specify any other serious or severe illnesses or accidents: _____

Does child take prescribed medications? _____

Name the medications: _____

Frequency Taken: _____

(For any medications or treatment required during the course of the _____ Jabberwock program, a Medication Authorization Form should be completed and submitted with this form.)

Does child take any over the counter medications frequently? _____

Name the medications: _____

Frequency Taken: _____

Does child have any allergies? _____

Specify: _____

Does the student use any special device(s) (i.e. hearing aids, cochlear implants, etc.): _____

Name the Device(s): _____

Reason for use: _____

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name of Minor: _____

Date of Birth _____ Age _____

Address: _____

City/State/Zip Code _____

Parent/Guardian Home Phone _____

Cell Phone _____ E-mail Address _____

Minor's Gender _____ Height _____ Weight _____

HEALTH INFORMATION

Below please check any current health condition that may require attention during the Program day. Also complete and submit the Medication Authorization Form if your child has health conditions that require medication during the Program day.

Allergies/Sensitivities (be specific)

Foods _____

Medicines _____

Bee sting or insect bite _____

Other _____

Asthma Inhaler required at Program

Vision Problems Glasses Contacts

Hearing Problems Hearing Aid(s)

ADD/ADHD

Other

List all medications and dosages your child receives on a continual basis: _____

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

NON-PRESCRIPTION MEDICATION PERMIT

PLEASE CHECK those medications you give permission for your child to receive (generic equivalent may be used). I/We understand that medications will be administered with discretion by an authorized Program employee and in accordance with established protocols developed by the Program.

The following nonprescription medications may be available to your child:

- For headaches/fever/muscle aches/pain/cramps:** Acetaminophen (e.g., Tylenol, including Junior Strength), Ibuprofen (e.g., Advil, including Children's liquid, Motrin), Naproxen (Aleve), Midol, & Excedrin.
- For bites/allergic rashes:** Anti-itching lotion (e.g., Calamine or Hydrocortisone cream 1%), Benadryl liquid or capsules.
- For nasal congestion/sinus pressure:** Decongestant
- For sore throat:** Throat lozenges (e.g., Cepacol lozenges)
- For coughs:** Cough drops/lozenges or cough suppressant.
- For upset stomach:** Antacid liquid or chewable tablets (e.g., Mylanta)
- For sun protection:** Sunscreen lotion SPF 30.
- I DO NOT WANT ANY MEDICATIONS GIVEN TO MY CHILD.**

Parent/Guardian Signature _____ Date _____

PHYSICIAN & INSURANCE INFORMATION

Name of Child's Physician _____ Phone _____

Health Insurance Company _____ Phone _____

Policy Number _____ Group Number _____

Insurance Company Address _____

City/State/Zip Code _____

Name of Policy Holder _____

Name of Policy Holder's Employer _____

Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter

JABBERWOCK 2013-14

EMERGENCY CONTACT INFORMATION

Parent/Guardian #1

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

Parent/Guardian #2

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

If for any reason I/we cannot be reached, please contact the following person(s) whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Name: _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

MEDICATION AUTHORIZATION FORM

(To be filled out by the physician dispensing the medication)

Name of Minor _____ Birthdate _____

Medication _____

Dosage _____

Time of administration _____

Reason for medication _____

Route of administration _____

Possible side effects and significant information _____

Physician's signature _____

Physician's telephone number _____

**PARENTAL PERMISSION FORM
ADMINISTRATION OF PRESCRIPTION MEDICATION**

I/We hereby give permission for _____
to take _____ at the Jabberwock program as ordered by
his/her physician identified above. I/We understand that it is my/our child's responsibility to
report to _____ at the appropriate time for the administration of the
medication. I/We further understand that it is my/our responsibility to furnish this medication
and any authorized refills. I/We further understand that Delta Sigma Theta Sorority, Incorporated
("Delta"), its officers, National Executive Board, employees, members, local chapters,
representatives, agents, affiliates, assigns, the _____ Jabberwock program, its agents,
and/or any employee who administers any drug to my/our child, in accordance with written
instructions from the prescriber, shall not be liable for damages as a result of an adverse drug
reaction or any other injury suffered by my/our child due to the administration or failure to
provide the drug. The Jabberwock program reserves the right to refrain from administering
medication if in the judgment of the Jabberwock program, or other authorized Program officer,
agent, or employee the circumstances do not warrant medication administration.
I/We understand that the medication must be brought to the Jabberwock program by me/us in the
original appropriately labeled container. If I/we cannot bring the medication to the Jabberwock
program, I/we will call the Jabberwock program to inform them that my/our child will be
bringing it, indicating the amount of medication in the container.

Parent/Guardian's Signature _____ Date _____

**Delta Sigma Theta Sorority, Inc.
Durham Alumnae Chapter**

JABBERWOCK 2013-14

MEDICATION ADMINISTRATION PROCEDURES

Prescription Medication

1. We require the Medication Authorization Form to be completed by the prescribing physician and the parent. For each prescription medication ordered, the physician must give the following information: (1) the student's name, (2) the medication, (3) the dosage, (4) the time of administration, (5) the reason for administration, (6) the route of administration, (7) the possible side effects, and (8) any other significant information.

The form must then be signed and dated by the prescribing physician. Signed parental consent is also required for each medication. This consent releases Delta, the _____ youth initiatives program, and their officers, National Executive Board, employees, members, local chapters, representatives, agents, affiliates, and assigns from liability if the medication causes adverse reactions. The Medication Authorization Form is updated annually.

2. The original prescription container must accompany all medication to be given at the _____ youth initiatives program. Medications should be brought to the _____ youth initiatives program by the parent or responsible adult and taken to _____. The original prescription container should be labeled with the following information: name of student, name of medication, dosage of medication to be given, frequency of administration, route of administration, name of physician ordering medication, date of prescription, and expiration date.

3. If possible, the parent should provide _____ days worth of the medication if it is to be given every day. It is the parent's responsibility to provide adequate refills on a timely basis.

4. All medication is kept in a locked cabinet or locked container at all times. If not retrieved by a parent or responsible adult, all medication will be destroyed one week after the expiration date or at the end of the term for the _____ youth initiatives program.

5. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.

Over-the-Counter Medication

1. Written parental consent for the administration of over-the-counter medication is obtained through the emergency forms.¹

2. A record will be maintained every time a medication is given. The record includes the student's name, date, time of administration, and dosage.