

DIAMONDS Leadership Academy Application

DIAMONDS Leadership Academy is open to young ladies in grades 6th-12th regardless of race or socio-economic background. Only students who have paid their registration fee will be granted enrollment in DIAMONDS Leadership Academy. A one time registration fee is required at the time of enrollment. The fee includes 2 DLA Polo Shirts (1 pink & 1 navy), 2 DLA t-shirts (1 pink & 1 navy) and 2 DLA Lapel Pins (1 pink & 1 navy).

Today's Date: _____

Personal Information

Student's Name: _____

Date of Birth & Age: _____

School Attending: _____

Grade: _____

GPA: _____

Address: _____

Parent/Guardian Name: _____

Relationship to Applicant: _____

Phone Number: (cell) _____ (home): _____

Email: _____

Church Currently Attending: _____ Pastor: _____

Emergency Contact Information

***Please provide at least two emergency contacts**

Name: _____

Relationship to Student: _____

Contact Number: _____

Name: _____

Relationship to Student: _____

Contact Number: _____

Name: _____

Relationship to Student: _____

Contact Number: _____

Medical Information

PLEASE MAKE SURE ALL MEDICAL INFORMATION IS COMPLETE AND ACCURATE!!!!

Primary Care Doctor: _____

Phone Number: _____

Insurance Company: _____

Insurance Company Phone Number: _____

Policy Number: _____ Group Number: _____

Legal Parent/Guardian Signature: _____

—

Dentist: _____

Phone Number: _____

Insurance Provider: _____

Policy Number: _____ Group Number: _____

Specialty Doctor (If Applicable): _____

Phone Number: _____

Insurance Provider: _____

Policy Number: _____ Group Number: _____

Legal Parent/Guardian Signature: _____

In the event of a minor treatable illness, I give DIAMONDS Leadership Academy permission to treat my child with the following medications:

____ Tylenol ____ Advil ____ Antacid ____ Cold Medicine

____ **Do not treat my child**

***Treatment may be administered by lay persons and not by licensed independent practitioners.**

Legal Parent/Guardian Signature: _____

GENERAL HEALTH HISTORY: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has the Student:

Question	YES	NO	Question	YES	NO
1. Ever been hospitalized?			11. Had fainting or dizziness?		
2. Ever had surgery?			12. Passed out/had chest pain during exercise?		
3. Have recurrent/chronic illnesses?			13. Had mononucleosis ("mono") during the past 12 months?		
4. Had a recent infectious disease?			14. Have problems with periods/menstruation?		
5. Had a recent injury?			15. Have problems with falling asleep/sleepwalking?		
6. Had asthma/wheezing/shortness of breath?			16. Ever had back/joint problems?		
7. Have diabetes?			17. Have a history of bedwetting?		
8. Had seizures?			18. Have problems with diarrhea/constipation?		
9. Had headaches?			19. Have any skin problems?		
10. Wear glasses, contacts, or protective eyewear?			20. Traveled outside the country in the past 9 months?		

Please explain "Yes" answers given above noting the number of the question. For travel outside the country, please name countries visited and dates of travel.

Question Number _____ : Explanation _____

Question Number _____ : Explanation _____

Question Number _____ : Explanation _____

Question Number _____ : Explanation _____

IMMUNIZATIONS: Provide Copies of immunization. Forms from health-care providers or state or local government are acceptable; please attach to this form. **Is the Student:**

Question	YES	NO
1. Up-to-date with age-specific immunizations?		
2. Waived from immunizations? <i>If "Yes", provide copy of signed waiver form as received from provider.</i>		

MENTAL, EMOTIONAL AND SOCIAL HEALTH: Check "Yes" or "No" for each statement. Explain "Yes" answers below. **Has the Student:**

Question	YES	NO
3. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?		
4. Ever been treated for emotional or behavioral difficulties or an eating disorder?		
5. During the past 12 months, seen a professional to address mental/emotional health concerns?		
6. Had a significant life event that continues to affect the student's life? <i>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)</i>		

Please explain "Yes" answers given above noting the number of the question.

Question Number _____ : Explanation _____

Question Number _____ : Explanation _____

Question Number _____ : Explanation _____

Question Number _____ : Explanation _____

Medication: Include the student's current medication information in the table below.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Name of Medication	Date Started	Reason for Taking It	When is it Given	Amount Given	How is it Given
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other Time _____		
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other Time _____		
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other Time _____		
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other Time _____		
			<input type="radio"/> Breakfast <input type="radio"/> Lunch <input type="radio"/> Dinner <input type="radio"/> Bedtime <input type="radio"/> Other Time _____		

MEDICAL RELEASE FORM FOR MINOR CHILD

I, _____, Parent/Legal Guardian of (child's name) _____, hereby authorize any medical or surgical treatment which may be necessary in my absence during an emergency for the well being of the above mentioned child. I agree to hold DIAMONDS Leadership Academy, its employees, directors, officers, volunteers, agents and any other person(s) representing DIAMONDS Leadership Academy harmless from any and all claims, including attorney's fees or damage to personal property, that may occur as a result necessary medical attention in the event of medical emergency.

Insurance Company: _____

Policy Number: _____ Group Number: _____

Legal Parent/Guardian Signature: _____ Date: _____

I understand that it is my responsibility to keep DIAMONDS Leadership Academy aware of any changes to the above information. I also understand that by completing this registration form, DIAMONDS Leadership Academy has my permission to discipline my child through verbal correction, time-out sessions, suspensions or ultimately expulsion.

Media Consent Release Form

Dear Parents/Guardians,

Please be advised that during DIAMONDS Leadership Academy activities, you or your child may be photographed, videotaped or interviewed. With your consent, the photographs, videos and interviews may be reproduced and released for use in the media, i.e. DLA's website, newspapers, brochures, videos, television, the internet and social media platforms such as Facebook, Twitter, etc.

By signing this media release consent form, you, the undersigned legal parent/guardian of _____ (student's name) hereby waive any right to approve the use of any photographs, videos, and interviews now or in the future, whether the use is known or unknown, and you waive any right to any royalties related to the use of any photographs, videos and interviews. You understand that the photographs, videos, and interviews may appear in electronic form on the internet or in other publications outside of DIAMONDS Leadership Academy's control. You agree that you will not hold DIAMONDS Leadership Academy or any of its' officers, board members or any representative of DLA responsible for any harm that may arise from such unauthorized reproduction.

_____ Yes. My child's photographs, videos, or interviews **MAY** be reproduced and released for use in the media.

_____ No. My child's photographs, videos, or interviews **MAY NOT** be reproduced and released for use in the media.

Signature of Legal Parent/Guardian: _____

Date: _____

DIAMONDS Leadership Academy Student Interest Survey

This survey, which should be COMPLETED BY THE STUDENT is designed to help us know more about your child to ensure we develop and implement quality activities and experiences to help your child maximize her potential.

1. What do you want to be when you grow up and? _____

2. What is one goal you have set for the future? _____

3. If you could learn something new, what would it be? _____

4. Who do you most admire and why? _____

5. If you could travel anywhere in the world, where would you go and why? _____

6. Describe three things you are good at: (1) _____

(2) _____ (3) _____

7. Do you want to attend college? Why or why not? _____

Please check all activities you are interested in:

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Boating | <input type="checkbox"/> Music | <input type="checkbox"/> Movies |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Camping | <input type="checkbox"/> Cooking | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Library | <input type="checkbox"/> Church | <input type="checkbox"/> Reading | <input type="checkbox"/> Board Games |
| <input type="checkbox"/> Science | <input type="checkbox"/> Math | <input type="checkbox"/> Animals | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Dance | <input type="checkbox"/> Drawing/Building (Creating things) | |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Military (Army, Airforce, Marines, Navy, Coast Guard) | | |

List any activities you are interest in but are not listed above: _____

