



## Zeta Phi Beta Sorority Inc.

### Alpha Phi Zeta Chapter

#### Applicant Information

Please type or print legibly.

Name: \_\_\_\_\_  
(First, Middle, Last)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check your T-shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ 3X-Large

How did you hear about Miss Blue Revue? (if referred by an individual, add name)

\_\_\_\_\_

Are you affiliated with Zeta? (provide if you are or were previously a member of the Zeta Youth Program, family member of a Zeta or Sigma, etc.)

\_\_\_\_\_

#### Parent/Guardian Information

Please type or print legibly.

Mother/ Guardian Name: \_\_\_\_\_

If Guardian, indicate relationship to applicant. \_\_\_\_\_

Home Address: \_\_\_\_\_

(If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Father/ Guardian Name: \_\_\_\_\_

If Guardian, indicate relationship to applicant. \_\_\_\_\_

Home Address: \_\_\_\_\_

(If different from above)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **School and Activity Information**

High School \_\_\_\_\_ Grade \_\_\_\_\_

GPA \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Award/Honors \_\_\_\_\_

School Activity/Sports \_\_\_\_\_

Employment \_\_\_\_\_

High School Extracurricular Activities (Include past and present, as well as offices held):

\_\_\_\_\_  
\_\_\_\_\_

Hobbies, Special Interests and Talents:

\_\_\_\_\_  
\_\_\_\_\_

High School Community Service (Include timeframes):

\_\_\_\_\_  
\_\_\_\_\_

Future Ambitions Please type or print legibly.

Tell us about your future ambitions (Including but not limited to: scholastic/academic, career, and goals/dreams):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Accommodations Do you have any special needs that we need to be aware of if selected?

☐ Yes ☐ No If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Applicant Questions:

Please briefly describe any leadership roles held or memberships in other organizations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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What would you like to gain from this experience, participating in the Cotillion program:

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Please provide a list of dates and times that you are unavailable (consider school / job commitments):

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I certify that the information provided on this form is correct. I understand that failure to provide correct information may result in dismissal from participation in the Cotillion.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMED CONSENT & RELEASE OF LIABILITY

I hereby release and hold harmless Zeta Phi Beta Sorority, Incorporated, Alpha Phi Zeta Chapter, its agents, representatives, and employees (collectively and individually Zeta Phi Beta Sorority, Incorporated) from any and all liability which may arise in connection with my participation in any and all activities sponsored by Zeta Phi Beta Sorority, Incorporated, or any other offices, departments, or organizations associated with Zeta Phi Beta Sorority, Incorporated. Such activities so sponsored shall be referred to as Programs. This release shall include, but shall not be limited to potential liability from accidents or injuries which may occur in connection with or potential liability from the content of any and all Programs. Furthermore, I agree to indemnify Zeta Phi Beta Sorority, Incorporated, Alpha Phi Zeta Chapter from any suit, claim or any other action brought by any parent, whether biological, adoptive or custodial, guardian or family member of any youth participating in any Program on account of or in connection with my participation in any and all Programs. I understand that Zeta Phi Beta Sorority, Incorporated, is not responsible for determining whether the content of any Program is suitable for the participants but that such determination shall be made by the participant. I declare that I have read completely the terms of this Release and that I understand fully and voluntarily accept each and every term of this Release.

I, \_\_\_\_\_ (Guardian's Name) hereby confirm that my child, \_\_\_\_\_ (Child's Name) has my permission to attend meetings, activities, trips and events for the 2022 Cotillion of Zeta Phi Beta Sorority, Inc. Alpha Phi Zeta Chapter from September \_\_\_\_\_ to April \_\_\_\_\_. It is my understanding that these activities, which are taken under the auspices of the Zeta Phi Beta Sorority, Incorporated Alpha Phi Zeta Chapter will be supervised by competent members who will travel with the group.

Parent/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Cotillion Chair Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

## **Zeta Phi Beta Sorority, Incorporated, Alpha Phi Zeta Chapter**

### **COTILLION LIABILITY FORM: MEDICAL RELEASE**

I/We, \_\_\_\_\_, are the parent(s)/guardian(s) of \_\_\_\_\_ (Child's Name). After having fully considered the possibilities of harm arising out of or in connection with reasons of illness, injury, accident or death incurred or suffered by our child's participation during the meeting, activities, events, trips, service projects of the Alpha Phi Zeta Chapter of Zeta Phi Beta Sorority, I/we, as the parent(s)/guardian(s) do accept the responsibility for any and all injury to our child which may occur during travel, participation in activities, and any other time during the scheduled and planned events. I/We certify that our child is in good health, and free from any disability that would make her participation in the program/conference inadvisable. As the parent/legal guardian, I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, operative procedures and x-ray treatment of the above minor. I have read this release and indemnification agreement and understand its meaning. This release is intended to bind my heirs, representatives, successors, assigns and administrations.

Parent/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
MI: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Please list emergency number at which another relative may be reached in event of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## Zeta Phi Beta Sorority, Incorporated, Alpha Phi Zeta Chapter

### COTILLION LIABILITY FORM: MEDICAL RELEASE

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list any known allergies (medication, food, etc.):

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Details of any of the above and any other important medical information:

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Is your child currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

<u>Medication</u>	<u>Dosage</u>	<u>Times Per Day</u>	<u>Conditions</u>
1.			
2.			
3.			
4.			
5.			
6.			

List any medical problems which should be noted:

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Parent's Signature: \_\_\_\_\_ Submission Date: \_\_\_\_\_

**Zeta Phi Beta Sorority, Incorporated**  
**COTILLION PHOTO RELEASE FORM**

I grant Zeta Phi Beta Sorority, Inc. the unlimited right to use and/or reproduce photographs or likenesses in any legal manner for the internal or external promotional and information activities of Zeta Phi Beta Sorority, Inc. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Zeta Phi Beta Sorority, Inc. in which he/she is involved. I also agree to allow my child's work and/or photograph to be published on the Zeta Phi Beta Sorority, Inc. national and local chapter Web site/Internet pages, and publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Child's Name: \_\_\_\_\_

Parent's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Submission Date: \_\_\_\_\_

Cotillion Chair's Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_