



KAPPA LEAGUE MEMBERSHIP APPLICATION

Sponsor: Memphis Alumni Chapter – Kappa Alpha Psi Fraternity, Inc.



About Kappa League:

Members of the Kappa League, through club-oriented activities, perform projects and activities that will expose them to planning, execution, and reporting ideas, while building good leadership characteristics designed to raise their aspiration levels. Since the fundamental purpose of Kappa Alpha Psi Fraternity, Inc. is achievement, it is the Fraternity's primary purpose to help the young men of the Kappa League achieve worthy goals and to make constructive contributions to their community when they become leaders. Kappa League members are of high school age and are mentored by members of the local chapter of Kappa Alpha Psi Fraternity, Inc.

Kappa League is one part of Kappa Alpha Psi's Guide Right Program. Guide Right is the national service program of the Fraternity designed to help with the educational and occupational guidance of youth.

Name: _____

Parent(s) or Guardians: _____

Address: _____

_____ Zip _____

Telephone Number at Home: _____

Kappa Leaguer Cell number: _____

Parent Cell number: _____ relationship: _____

Parent Cell number: _____ relationship: _____

Email Address at home: _____

High School Attending: _____

Grade Level: _____ GPA: _____ (4.0 scale) GPA: _____ (5.0 scale)

School Activities: _____

Community Activities: _____

Write a brief paragraph on why you would like to participate in the Kappa League Program.



KAPPA LEAGUE

PARENT PERMISSION FORM



Permission to attend youth events and other trips sponsored by the Memphis Alumni Chapter

KAPPA ALPHA PSI FRATERNITY, INC.

Student's Name: _____

Address: _____

_____ Zip: _____

Student's Date of Birth: Month: _____ Day: _____ Year: _____

Parent/Guardian: _____

Telephone number at work or an emergency number: _____

Telephone number at work or an emergency number: _____

MEDICAL INFORMATION

Please list any medical conditions, health concerns, or allergies your child has that we should be aware of.

RELEASE FOR MEDICAL TREATMENT

(In the event of an emergency when parents or guardians cannot be reached, please list the name of the child's Doctor.)

_____ Phone number: _____

Health Insurance Company: _____

Policy Number: _____

PARENTAL ACKNOWLEDGEMENT

I give permission for my child to attend youth events and other trips sponsored by the Memphis Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. In consideration of the Fraternity enrolling my child in these youth programs, I agree not to hold the Fraternity and its members liable or responsible for any accident, mishap, or injury of any kind that happens to my child while attending any event or field trip sponsored by the Fraternity, and agree to hold the Fraternity harmless from any action brought by or on behalf of the child. I also agree to the transportation and supervision provided by the Fraternity for my child while my child is attending the Fraternity's sponsored events/or trips. I understand that the Memphis 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 and must comply with the Kappa League guidelines. I agree to immediately update this application when any of the information change.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHOTO RELEASE

I give permission to the Memphis Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. to use or release any photos of my child, taken for the purpose of promoting the Fraternity and its Kappa League/Guide Right Program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PLEASE MAIL APPLICATION TO:

KAPPA LEAGUE
C/O TODD WALSH
3854 E GARDEN MANOR DR
APT 104
MEMPHIS, TN 38125
FOR MORE INFORMATION PLEASE EMAIL
kappallmemphis@gmail.com
OR
CONTACT: TODD WALSH
(901) 355-5728

NOTE, a \$25 DOLLAR APPLICATION FEE IS REQUIRED Checks or money orders should be made to Kappa League