

Boston Pearl Foundation, Inc.
and
Alpha Kappa Alpha Sorority, Incorporated
Psi Omega Chapter

Escort Information Form

Debutante: _____

Escort: _____
First Middle Last

Address: _____
Street City State Zip Code

() _____ () _____
Telephone Number Cell Phone Number

Email Address: _____

Attends: _____ *High School or College*

Classification: ___ Senior ___ Junior ___ Sophomore

Aspirations: _____

Son of:
Check appropriate title: (___ Mr., ___ Mrs., ___ Miss, ___ Ms., ___ Master, ___ Rev., ___ Dr., ___ Colonel,
___ Other).

Commitment Fee \$125.00

Make check payable to The Boston Pearl Foundation, Incorporated and mail check, money order, or cashier's check by **Sunday, October 30, 2023** to:

The Boston Pearl Foundation, Incorporated

Attention: Debutante/Escort Committee
P.O. Box 191543, Roxbury Station
Boston, MA 02119

The Boston Pearl Foundation, Inc. ®
Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc.
2023-2024 *Precious Pearls Debutante Program*

STATEMENT OF QUALIFICATIONS



I, _____, confirm

that I meet all the Escort Cotillion participation criteria listed below and understand that I must maintain these standards throughout the 2023-2024 Cotillion season, to include, but not be limited to, the following:

1. Must be age 15-19 years old currently enrolled in the 10th - 12th grade of high school or college.
2. Must pay the non-refundable participation fee of \$125
3. Demonstrated leadership potential (i.e. academic, athletic, religious etc.) and involvement in public service and community related activities.
4. Evidence of good moral character, which includes, but is not limited to:
 - a. No record of poor discipline at school or in the community and
 - b. must not be a parent
5. Must complete an application and provide a biographical sketch.
6. Must be able to commit to attending necessary rehearsals and activities that occur throughout the Cotillion season.

Prospective Escort: _____ **Date:** _____

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PARENTAL PERMISSION FORM

Applicant's Name: _____
Last First Middle Initial

Home Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ **Alternate Phone:** _____

_____ may attend programs and activities sponsored by The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. I also agree to direct my child to cooperate and conform to directions and instructions given by the representatives and agents of the Precious Pearls Debutante Program.

Parent/Guardian Signature: _____ Date: _____

Please indicate whether the applicant has any health conditions and/or allergies:

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PARENT CONSENT FOR EMERGENCY MEDICAL TREATMENT

TO WHOM IT MAY CONCERN:

The undersigned do hereby authorize the officers, leaders or advisors of The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc., who are adult persons to whose care my child has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical treatment and hospital care, deemed necessary, to be rendered to said minor under the provisions of the Medical Practice Act, or to consent to an X-Ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, deemed necessary, to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

It is further understood that permission is hereby granted to officers, leaders or advisors of The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of our child in the event such help or an emergency nature becomes necessary. This authorization is granted with the knowledge that at certain locations used and/or administered by The Boston Pearl Foundation, Inc. and Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc. medical assistance from a licensed physician or dentist may not be available.

In no event will The Boston Pearl Foundation, Inc., Psi Omega Chapter of Alpha Kappa Alpha Sorority, Inc., and/or their officers, leaders or advisors be held liable for any acts considered to be negligent or first aid treatment or hospital care rendered, or drugs, medicine or surgical procedures performed pursuant to this consent.

Date: _____

Father: _____

Mother: _____

Guardian: _____