



# KAPPA LEAGUE MEMBERSHIP APPLICATION

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



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

## FIELD TRIP PERMISSION FORM

Permission to attend youth events and field trips sponsored by the Greenville 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: \_\_\_\_\_

(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: \_\_\_\_\_

(In the event of an emergency when parents cannot be reached, please list a contact person)

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

I give permission for my child to attend youth events and field trips sponsored by the Greenville 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 field trips.

\_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAIL APPLICATION TO:  
GREENVILLE ALUMNI CHAPTER  
KAPPA ALPHA PSI FRATERNITY, INC.  
POST OFFICE BOX 522  
GREENVILLE, SC 29602  
OR  
CONTACT: ALEX CUMMINGS  
(864) 350-5981**