
Mobile Kappa League Membership Application



Membership Requirements

The Mobile Alumni Chapter of Kappa Alpha Psi Fraternity, Inc., and members of the Elite Chapter of the Mobile Kappa League are pleased that you have decided to apply for membership into the Mobile Kappa League. The program requires all applicants to submit a complete membership package.

Membership Qualifications

- Must be willing to attend monthly meetings, community service activities and workshops
- Must be a male student in grades 9th-11th.
- Must have a cumulative GPA of 2.5 or better
- Must complete an interview with the membership committee.
- Must submit a clear photo of yourself with the application or email photo to mobilekappaleague1979@gmail.com
- Must submit application fee of \$10 to Cash App - \$CarlG1911, Venmo - @MKL1979, Paypal - www.paypal.me/MobileKappaLeague

How to Apply:

1. Complete the application.
2. Provide a copy of your (Fall 1st or 2nd Quarter) 2022 report card or high school transcript and a picture of yourself.
3. Applications can be hand delivered to the Kappa House (650 St. Francis Street) or scanned and emailed to mobilekappaleague1979@gmail.com, by Thursday, January 5, 2023, between 6:00 p.m. and 7:00 p.m.
4. Mail complete package to:
Mobile Kappa League
PO Box 81445
Mobile, AL 36689

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Personal Information

Name: (Last, First, Middle)	
Address:	
City, State, Zip Code	
Home Phone:	
Email/Instagram:	
Cell Phone:	
Birth Date:	
Age:	
Grade:	
Parent/ Guardian - Dad	
Address & Home Phone: <input type="checkbox"/> Same as applicant	(if different from applicant)
Email:	
Cell Phone:	
Parent/ Guardian – Mom:	(if different from applicant)
Address & Home Phone: <input type="checkbox"/> Same as applicant	
Email:	
Cell Phone:	

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Emergency Contact Information

Name		Name	
Relationship		Relationship	
Place of Employment		Place of Employment	
Occupation		Occupation	
Home Phone		Home Phone	
Work Phone		Work Phone	

Academic Information

School Name:	School Address:	City, State, Zip	Principal/Teacher	Phone	GPA (based on 4.0 scale)
High School:					
Middle School:					

Activities (check all that apply)

Please list your hobbies, interests, community service, sports, musical, art and/or extracurricular activities.

Performing Arts:	<input type="checkbox"/> Sing <input type="checkbox"/> Dance <input type="checkbox"/> Act <input type="checkbox"/> Oratory <input type="checkbox"/> Art <input type="checkbox"/> Photography <input type="checkbox"/> Musical Instrument- Type:
Sports:	<input type="checkbox"/> Basketball <input type="checkbox"/> Baseball <input type="checkbox"/> Track <input type="checkbox"/> Tennis <input type="checkbox"/> Golf <input type="checkbox"/> Football <input type="checkbox"/> Soccer <input type="checkbox"/> Other:
Technology:	<input type="checkbox"/> Computer Science <input type="checkbox"/> Web Design <input type="checkbox"/> Graphic Art <input type="checkbox"/> Other:

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Activities continued

Please list your hobbies, interests, community service, sports, musical, art and/or extracurricular activities.

List honors and Outstanding Achievements you have received:	1. 2. 3.
List community organizations which you've been involved:	1. 2. 3.
List school clubs/activities you have been involved in:	1. 2. 3.
List any other hobbies or interests:	1. 2. 3.

Work Experience If Applicable

Employer:		Employer:	
Date, from/to:		Date, from/to:	
Hours worked per week:		Hours worked per week:	
Job description:		Job description:	

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Aspirations/Interests

What are your career ambitions?

List colleges/ universities you are interested in attending:

1. _____ 2. _____

3. _____ 4. _____

Why are you interested in participating in the Mobile Kappa League?

If you are granted the opportunity to participate in the Mobile Kappa League, what are your expectations?

Mobile Kappa League Membership Application For Statistical Purposes



Number of Persons Living in Household:	
Youth Lives With:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Grandparents <input type="checkbox"/> Other: _____
Nationality:	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Race
Does your child have a hearing problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, does he wear a hearing aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a vision problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, does he wear glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any medical conditions or allergies your child has that we should be aware of:

Has your child had a serious illness, injury or hospitalization in the past year? Yes No

If so, please describe.

Has your child ever been convicted of a misdemeanor or felony? Yes No

If so, complete the following: (Do not include minor traffic violations)

Date:	
Offense:	
Place:	

Photo Release

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I give permission to the Mobile 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 Guide Right Program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Release for Medical Treatment

In the event of an emergency and the inability of the Mobile Chapter Officers/Advisors to obtain my consent, I hereby give permission for the Mobile Chapter of Kappa Alpha Psi Fraternity, Inc., to authorize any medical treatment or surgery in which a qualified physician or surgeon shall deem necessary for my child.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

In case of an emergency, which hospital or urgent care do you prefer to have your child transported?

Hospital/Urgent Care Facility: _____

Primary Care Physician's Name: _____

Parent/Guardian Signature: _____ Date: _____

Parental Acknowledgment

I hereby give permission for my child to participate in the Mobile Guide Right/Kappa League Program. I understand that the Mobile 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. I agree to immediately update this application when any information changes.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Member Acknowledgment

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I wish to participate in the Mobile Alumni Guide Right/Kappa League program. I promise to be careful to prevent damage to any other buildings that may be used while participating in activities with the Kappa League program. I also agree to obey the rules of the Mobile Guide Right/ Kappa League program, and that at any time I can/will be expelled from the Guide Right/ Kappa League program for conduct that is detrimental to the program.

Member Signature: _____ Date: _____

"I HEREBY REQUEST THAT SPONSORS, REFERENCES, PREVIOUS AND CURRENT EMPLOYERS CONTACTED BY THE MOBILE ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY AND MOBILE KAPPA LEAGUE IN CONNECTION WITH THIS APPLICATION, FULLY RESPOND TO ALL INQUIRIES CONCERNING ME AND SPECIFICALLY WAIVE PRIOR WRITTEN NOTICE OF DISCLOSURE OF INFORMATION PERTAINING TO MY CHARACTER, PERSONNEL RECORD INFORMATION, INCLUDING DISCIPLINARY REPORTS, LETTERS OF REPRIMANDS OR OTHER DISCIPLINARY ACTION. IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION, I RELEASE THE MOBILE GUIDE RIGHT/KAPPA LEAGUE AND SPONSORS, REFERENCES, PREVIOUS AND PRESENT EMPLOYERS OF ANY CLAIMED LIABILITY ARISING OUT OF SUCH RESPONSE AND DISCLOSURE."

"I HEREBY REPRESENT THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I FURTHER REPRESENT THAT SUCH ANSWERS AND INFORMATION CONSTITUTE A FULL AND COMPLETE DISCLOSURE OF MY KNOWLEDGE WITH RESPECT TO THE QUESTION OR SUBJECT TO WHICH THE ANSWER OR INFORMATION RELATES. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENT OR INFORMATION FURNISHED BY ME MAY RESULT IN AUTOMATIC REJECTION. IN THE EVENT THAT I AM APPROVED FOR PARTICIPATION IN THE ELITE CHAPTER OF THE KAPPA LEAGUE, I AGREE TO COMPLY WITH ITS RULES AND REGULATIONS. I HEREBY AUTHORIZE MY SPONSORS, REFERENCES, PREVIOUS, AND PRESENT EMPLOYERS TO GIVE ANY INFORMATION REGARDING ME."

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Personal References

Must have a letter of recommendations from the name listed below. Letters can be emailed to mobilekappaleague1979@gmail.com or placed with the application.

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Name (Teacher/Administrator):	
Phone number including area code:	
School position:	

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In exchange for my being allowed participating in the Elite Chapter of the Mobile Kappa League

Mobile Kappa League ("KL"), I, and if I am not 21 years old, my parent or legal guardian (individually and collectively referred to below in the first person Singular) agree to be bound by the following:

1. Voluntary Participation. I understand and confirm that my participation in the Program is voluntary. _____ **Parent Initial Member Initial**_____

2. Assumption of Risk. I assume all risks, known and unknown, foreseeable and unforeseeable, in any way connected with my participation in the Program. I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Program.
. _____ **Parent Initial Member Initial**_____

3. Release and Waiver. I release **Mobile Alumni Chapter of Kappa Alpha Psi Fraternity Inc., and Mobile Kappa League** and its directors, officers, employees, agents, volunteers, successors, and assigns from any and all liability for and waive any and all claims for injury, loss, or damage, including attorneys' fees, in any way connected with my participation in the Program (a "Claim"), whether or not caused in the whole or part by the negligence of **Mobile Alumni Chapter of Kappa Alpha Psi Fraternity Inc., and Mobile Kappa League** or any of the individuals mentioned above.
_____ **Parent Initial Member Initial**_____

4. Consent to Medical Treatment. I authorize **Mobile Alumni Chapter of Kappa Alpha Psi Fraternity Inc., and Mobile Kappa League** to provide to me, through medical personnel of its choice, customary medical assistance, transportation, and emergency medical services. This consent does not impose a duty upon **Kappa Alpha Psi Fraternity Inc., and Mobile Kappa League** to provide such assistance, transportation, or services.
_____ **Parent Initial Member Initial**_____

5. Publication. I authorize **Mobile Alumni Chapter of Kappa Alpha Psi Fraternity Inc., and Mobile Kappa League** to use my name, photo, materials produced for the program, or presentation in program for **Mobile Alumni Chapter of Kappa Alpha Psi Fraternity Inc., and Mobile Kappa League** materials, including but not limited to, educational resources, press releases, web-based publicity, & other publicity materials.
_____ **Parent Initial Member Initial**_____

6. Severability. Each term and provision of the instrument shall be valid and enforced separately to the fullest extent permitted by law. _____ **Parent Initial**

7. Applicable Law. This instrument shall be governed, construed, and enforced in accordance with the law of the State of Alabama. _____ **Parent Initial**

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8. Participant's certification of eligibility and original effort, and authorization to use materials:
a. I hereby certify that I meet all eligibility requirements for participation in the above cited by **Mobile Alumni Chapter of Kappa Alpha Psi Fraternity Inc.**, and **Mobile Kappa League** program for the current year, as set forth by **the National Guide Right Programs of Kappa Alpha Psi Fraternity Inc.**

THIS IS A WAIVER AND RELEASE OF LIABILITY. I HAVE READ THIS WAIVER, RELEASE OF LIABILITY AND CONSENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY AND CONSENT VOLUNTARILY.

Participant: Printed Name _____ Signature _____

Date _____

If the person participating in the program is not yet 21 years old, both parents and the legal guardian(s) must sign:

In exchange for my/our child or ward being allowed to participate in the Program, and as the parent(s) or legal guardian(s) of the above-named individual, I/we verify that I/we fully understand, agree to, and accept all provisions of this Waiver, Release, of Liability and Consent.

Guardian: Printed Name _____ Signature _____ Date _____

Guardian: Printed Name _____ Signature _____ Date _____