

Ivy Rosettes



Registration Package
2025-2026

*New Ivy Rosette
Registration Form*



Ivy Rosettes Mentoring Program

2025-2026 Registration Form

New Ivy Rosettes

Last Name	First Name	Middle Name
Date of Birth	Cell Phone	Home Phone
E-mail Address		
Address		
City	State	Zip Code
Parent(s)/Guardian(s) Cell Phone(s)		
Parent(s)/Guardian(s) E-mail Address		
High School	Grade Level	GPA
Alpha Kappa Alpha Sorority, Incorporated ® member who recommended you (if applicable)		

On a separate page, please list your community service involvement, service organizations, clubs, awards, recognitions, auxiliaries, church affiliations, post-high school plans, career aspirations, talents, skills, and hobbies. Please type your responses and attach them to this form. Additionally, please attach your June 2024 Grade Report and an essay on one of the following questions below:

- A. If I could change one thing, what would it be and why?
- B. What is your career goal, and describe your plan to achieve it?
- C. How can we learn to understand people who are different from us culturally, racially, or socioeconomically?

REGISTRATION FEE: \$130.00 (NON-REFUNDABLE)

(Registration Fee Includes: One Full-Page Presentation Journal Ad & One Ivy Rosettes Shirt)

Payment Options Zelle: Wishchair1@gmail.com
Check/Money Order (Payable to W.I.S.H. Foundation) Mail to:
W.I.S.H. Foundation P.O. Box 170364 Hialeah, Florida 33014

Please Select T-shirt Size: ☐ Small ☐ Medium ☐ Large ☐ 1X ☐ 2X ☐ 3X

IMPORTANT: The complete registration packet (registration form, signed Ivy Rosettes agreement form, signed media release form, and all other supporting documentation) must be typed and received along with the registration fee by November 14, 2025
Email the bust photo and journal ad, both in PDF format, to akagzoivyrosettes@gmail.com.

OFFICIAL USE ONLY:	Packet Recieved By:	Date:
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*Returning Ivy Rosette
Registration Form*



Ivy Rosettes Mentoring Program

2025-2026 Registration Form

Returning Ivy Rosettes

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Date of Birth	Cell Phone	Home Phone
E-mail Address		
Address		
City	State	Zip Code
Parent(s)/Guardian(s) Cell Phone(s)		
Parent(s)/Guardian(s) E-mail Address		
High School	Grade Level	GPA
Skills and Hobbies		
Alpha Kappa Alpha Sorority, Incorporated ® member who recommended you (if applicable)		

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OFFICIAL USE ONLY:

Packet Recieved By:

Date:



Participation Agreement



Ivy Rosettes Mentoring Program Participation Agreement

Ivy Rosette's Name

Address:

City

State

Zip Code

1. Alpha Kappa Alpha Sorority, Incorporated® —Gamma Zeta Omega Chapter and The W.I.S.H. Foundation, Inc. sponsors the Ivy Rosettes Mentoring Program.
2. The Ivy Rosettes Mentoring Program comprises young ladies in grades 9th – 12th who attend Miami-Dade or Broward County Public, Private, or Charter High School.
3. All participants SHALL remain in good academic standing throughout the school year and demonstrate high ethical and moral values.
4. Participation in the Ivy Rosettes Mentoring Program shall expire upon graduation from high school.
5. The Ivy Rosettes Committee Chairman reserves the right to dismiss a student from the program at any time for failure to attend meetings or events and for exhibiting behavior that is not conducive to the Ivy Rosettes Mentoring Program.
6. This agreement releases Alpha Kappa Alpha Sorority, Incorporated® - Gamma Zeta Omega Chapter and The W.I.S.H. Foundation, from all liability relating to injuries during Ivy Rosettes meetings and activities. By signing this agreement, I agree to hold Alpha Kappa Alpha Sorority, Incorporated®, Gamma Zeta Omega Chapter, and W.I.S.H. Foundation, Incorporated entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.
7. I, _____, on behalf of _____ (hereinafter referred to as "CHILD"), WAIVE AND RELEASE, indemnify, hold harmless and forever discharge Alpha Kappa Alpha Sorority, Incorporated® (hereinafter referred to as "the Sorority"), and Gamma Zeta Omega Chapter (hereinafter referred to as "the Chapter"), W.I.S.H. Foundation and its agents, employees, officers, directors, affiliates, successors, members, trustees, alumni, and assigns, of and from any claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or CHILD ever had or may have, arising from or in any way related to CHILD'S participation in any of the functions or activities conducted by, on the premises of, or for the benefit of, the Chapter and W.I.S.H. Foundation provided that this waiver of liability does not apply any acts of gross negligence, or intentional, willful or wanton misconduct. I acknowledge that I am participating voluntarily and that I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this program.
8. By signing below, I forfeit all legal rights to bring a suit against Alpha Kappa Alpha Sorority, Incorporated®, Gamma Zeta Omega Chapter, and W.I.S.H. Foundation Incorporated for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. Furthermore, I will ask for clarification when needed.

Each member of the Ivy Rosettes Mentoring Program is required to submit the following:

- Completed Ivy Rosettes Registration Form for the current school year
- Signed Media Release Parental Consent Form
- June 2025 Grade Report
- Community Service Organizations/Clubs (New Ivy Rosettes Only)
- One letter of recommendation (New Ivy Rosettes Only)
- Essay (New Ivy Rosettes Only)
- Awards & Recognitions/Church Affiliation/Auxiliaries (New Ivy Rosettes Only)
- Post High School Plans & Career Aspirations (New Ivy Rosettes Only)
- Full Page journal ad (cost included in registration fee) saved as first name_last name_INCLUDED
a) Email ads to akagzoivyrosettes@gmail.com
- Shirt size
- Non-refundable \$130.00 registration fee (includes one Ivy Rosettes or Les' Perles shirt and one full-page journal advertisement in the Presentation Journal):

Payment Methods:

- a) Zelle: Wishchair1@gmail.com
- b) Check or Money Order (payable to W.I.S.H. Foundation)

Mail to:

W.I.S.H. Foundation
Post Office Box 170364
Hialeah, Florida 33014

- Participate in no less than 70% of the meetings and community service projects
- Attire

Meetings: Business

Community Service Activities: Ivy Rosettes Shirt with black dress pants or skirt (knee length)

- Notify the Ivy Rosettes Committee Chairman in advance if you are unable to attend/participate in an event or if your status as a member of the Ivy Rosettes Mentoring Program changes
- If the contact information of the participant and/or parent(s)/guardian(s) changes, immediately inform the Ivy Rosettes Committee Chairman



☐

I accept the invitation to join the Ivy Rosettes Mentoring Program under the terms outlined in this agreement.

☐

I decline the invitation to join the Ivy Rosettes Mentoring Program.

Reason (optional)

Participant Name (Print)

Participant Name (Signature)

Date

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

Date



*Media Release
Consent Form*



Ivy Rosettes Mentoring Program

Media Release Consent Form

Date

Please be advised that during the 2025-2026 school year, your child may be photographed, videotaped, or interviewed at various Alpha Kappa Alpha Sorority, Incorporated® - Gamma Zeta Omega Chapter, Ivy Rosettes, and W.I.S.H. Foundation, Inc. sponsored events. With your consent, the photograph, video, or interview may be reproduced and released for use in the media, newspapers, brochures, videos, television, internet, Ivy Rosettes' Group Chats, and Gamma Zeta Omega Chapter and W.I.S.H. Foundation's website, newsletters, and social media platforms, such as Facebook, Instagram, Twitter, etc.

Please indicate your preference below:

Ivy Rosette Name

Grade

My daughter's photograph/video/interview MAY BE reproduced and released for use in the media.

☐

Yes

☐

No

Parent/Guardian Name (Print)

Parent/Guardian Name (Signature)

Date



Executive Committee Officer Overview



Ivy Rosettes Mentoring Program

Executive Committee

1. President: Shall preside over meetings, serve as the spokesperson for the Ivy Rosettes, and assist the Ivy Rosettes Committee in planning activities and performing other related duties. (Must be at least a second-year Ivy Rosette)
2. Vice-President: Shall assist the President in performing her duties and serve in her absence. (Must be at least a second-year Ivy Rosette)
3. Recording Secretary: Shall record the minutes for the monthly Ivy Rosettes meetings and provide a typewritten copy at the next meeting, which she will read and deliver to the Ivy Rosettes' Chairman for the files.
4. Assistant Recording Secretary: Shall assist the Recording Secretary in performing her duties and serve in her absence.
5. Attendance Secretary: She shall ensure that all Ivy Rosettes and guests sign the appropriate rosters at meetings and events. She shall collect the roster(s) at the end of each activity and forward them to the Ivy Rosettes' Chairman for the files.
6. Assistant Attendance Secretary: Shall assist the Attendance Secretary in performing her duties and serve in her absence.
7. Treasurer: Shall assist the Ivy Rosettes' Chairman with financial duties (i.e., fundraisers and presentations).
8. Assistant Treasurer: Shall assist the Treasurer in performing her duties and serve in her absence.
9. Chaplain: The chaplain will provide inspirational meditations, words of wisdom, and prayer for meetings and selected events.
10. Assistant Chaplain: Shall assist the Chaplain in performing her duties.
11. Historian: Shall communicate the summary of events in written form and email the Ivy Rosettes Chairman within ten (10) days following the event.
12. Assistant Historian: Shall assist the Historian in the performance of her duties and serve in her absence.



Expectations and Checklists



Ivy Rosettes Mentoring Program

Expectations

All Ivy Rosettes must attend at least 70% of the meetings, community service programs/projects, and presentation rehearsals offered by the Ivy Rosettes Mentoring Program.

As leaders, the Ivy Rosettes' officers are expected to attend all events, but participation of at least 70% is required.

If an officer cannot fulfill the duties of her office, an assistant will be appointed to the vacant office. The Ivy Rosettes' Chairman will fill the vacancy if no assistant is available.

New Ivy Rosette Checklist

Please use this checklist as a guide in preparing your documents. If you have any questions, please email your questions to akagzoivyrosettes@gmail.com.

- | | |
|---|---|
| ☐ Registration (Signed) | ☐ Shirt size |
| ☐ Community Service Organizations/Clubs | ☐ Ivy Rosettes Agreement (Signed) |
| ☐ Letter of recommendation | ☐ Media Release Parental Consent Form (Signed) |
| ☐ Awards & Recognition/Church Name/Auxiliaries | ☐ Journal Ad E-mailed to: |
| ☐ Plans after high school & career aspirations | <div>akagzoivyrosettes@gmail.com saved as
firstname_lastname_INCLUDED</div> |
| ☐ Talents, skills & hobbies | |
| ☐ June 2025 Grade Report/Report Card | |
| ☐ Essay | |

Returning Ivy Rosette Checklist

Please use this checklist as a guide in preparing your documents. If you have any questions, please email your questions to akagzoivyrosettes@gmail.com

- | | |
|---|---|
| ☐ Registration (Signed) | ☐ Ivy Rosettes Agreement (Signed) |
| ☐ Talents, skills & hobbies | ☐ Media Release Parental Consent Form (Signed) |
| ☐ June 2025 Grade Report/Report Card | ☐ Journal Ad E-mailed to: |
| ☐ Shirt size | <div>akagzoivyrosettes@gmail.com saved as
firstname_lastname_INCLUDED</div> |

