

SIGMA BETA CLUB

Parent / Guardian Consent and Emergency Information

Please Print or Type Application:

Date: _____

Club Member's Name _____

Home Address _____

Telephone Numbers: (Home) _____ .

I/(We), give permission for our son, _____ as named above, to participate in the Sigma Beta Club, Phi Beta Sigma Fraternity, Inc . In addition, I/(We), the parent(s) of the above named youth do hereby authorize any treatment or emergency care needed for said child by any licensed nurse, physician, or hospital while participating in the activities of the Sigma Beta Club.

As the parent(s)/next of kin and guardian of said minor, I/(We), forever release, acquit and discharge Phi Beta Sigma Fraternity, Inc./Sigma Beta Club from any and all liabilities, claims and causes of action which I/(We) or my/(our) representatives may have by reason of said emergency care. My/(Our) child is covered by

_____ insurance policy # _____ effective from _____ to _____

Signature(s)

Parents / Guardian: _____

_____ SWORN TO AND SUBSCRIBED BEFORE ME THIS

___ DAY OF _____ 1998

Notary Public, State of

My Commission Expires _____

Submit to:

Sigma Beta Club Information System
145 Kennedy Street, N.W.
Washington. D.C. 20011

Please maintain a copy for your chapter and club files

SIGMA BETA CLUB
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Please Print or Type Application:

In case of an emergency, please contact

Name: _____ Relationship: _____

Address: _____

City/ State/ Zip: _____

Phone Number: (Home): _____ (Work): _____ (Cell): _____

Name: _____ Relationship: _____

Address: _____

City/ State/ Zip: _____

Phone Number: (Home): _____ (Work): _____ (Cell): _____

Name: _____ Relationship: _____

Address: _____

City/ State/ Zip: _____

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