

# SIGMA BETA CLUB

## Parent / Guardian Consent and Emergency Information

**Please Print or Type Application:**

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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**

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**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: \_\_\_\_\_

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