



SBC-3 – PARENTAL CONSENT FORM

National Sigma Beta Club Foundation, Inc.
Attn: Finance and Membership

3313 Government Street
Baton Rouge, Louisiana 70806

E-mail: sigmabetaclubfoundation@hotmail.com

Website: www.sigmabetaclub.org

Please Print or Type Application:

Date: _____

Parent/Guardian's Name: _____

Participant's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home _____ cell _____

I/(We), give permission for our son, _____
as named above, to participate in the Sigma Beta Club, National Sigma Beta Club
Foundation. 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 National Sigma Beta Club Foundation, Board members and Officers, his
affiliate club, its officers and advisors, and Phi Beta Sigma Fraternity, Inc., its
Board members and officers, 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.

Please maintain a copy for your chapter and club files.

My/Our child is covered by:

Insurance company: _____

Policy number: _____

Effective from _____ to _____

Known medication he using:

Known Allergies: _____

Doctor/Physician's Name: _____

Contact Number: _____

Contact Fax Number: _____

Parent/Guardian Signature(s):

Print: _____

Sign: _____

Date: _____

Print: _____

Sign: _____

Date: _____

Subscribe and sworn before me _____ DAY OF _____,
20____.

Notary Public, State of _____ My Commission Expires _____

Please maintain a copy for your chapter and club files.