



SBC-3 – PARENTAL CONSENT FORM

National Sigma Beta Club Foundation, Inc.

Attn: Finance and Membership

3313 Government Street

Baton Rouge, Louisiana 70803

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/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 _____.

Please maintain a copy for your chapter and club files.

My/Our child's Health Insurance/Medical Coverage Information :

Name of Insurance company/Medical Provider: _____

Policy number: _____

Effective from _____ to _____

Known Prescribed medication or other medication he takes :

Known Allergies: _____

Doctor/Physician's Name: _____

Physician's Address: _____

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 _____

SEAL

Please maintain a copy for your chapter and club files.