



**National Sigma Beta Club Foundation
SIGMA BETA CLUB
Parental /Guardian Consent**

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, 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 _____.

**Signature(s)
Parents / Guardian:**

_____ SWORN TO AND SUBSCRIBED
BEFORE ME THIS ____ DAY OF _____, 20_____.

Notary Public, State of _____
My Commission Expires _____

Submit to:

National Sigma Beta Club Foundation
Sigma Beta Club Information System
3711 Cathedral Drive
Baton Rouge, LA 70805

Please maintain a copy for your chapter and club files

SBC3a

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