



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

**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, 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 \_\_\_\_\_