

National Sigma Beta Club Foundation, Inc. Attn: Membership/Finance 3313 Government Street Baton Rouge, Louisiana 70806

E-mail: sigmabetaclubfoundation@hotmail.com

Website: www.sigmabetaclub.org

Please Print or Type Application	n:			
Date:	Chapter: <u>DELTA OMICRON SIGM</u>		MICRON SIGMA	REGION: SOUTHERN
SBC Member Name:			Date of Birth:	Age:
Address:			City:	State: ZIP:
SBC Email address:			Cell Phone:	
Name of School Attending:			Grade Level:	Cumulative GPA:
Parental Information:				
Mother Name:			Email address:	
Address:				
				:
Phone#: (home)		(cell):		(work):
Father Name:			Email address:	
Address:				
				:
Phone#: (home)		(cell):		(work):
Guardian Name:			Email address:	
Address:				
City:	State	i	ZIP	
Phone#: (home)		(cell):		(work):



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Emergency Contact List

SBC Member's Name:			_
In Case of Emergency, please contact:			
Name:		Relationship:	
Home Address:			
City:	_State:		Zip Code:
Email:			
Phone Number: Home:	Wo	ork:	Cell:
Name:		Relationship:	
Home Address:			
City:	_State:		Zip Code:
Email:			
Phone Number: Home:			
Name:		Relationship:	
Home Address:			
City:	_State:		Zip Code:
Email:			
Phone Number: Home:			Cell:



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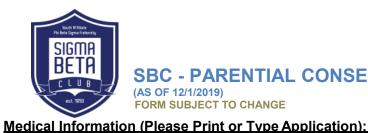
Date:			
Parent/Guardian Name:			
SBC Member Name:			
Address:	City:	State:	Zip:
Parents Phone#: (home)	(cell):	(work): _	
Parents Email address:			

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 approved activities of the Sigma Beta Club either sanctioned by the sponsored <u>Delta Omicron Sigma Chapter</u> or the National Sigma Beta Club Foundation.

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 SBC 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.



SBC - PARENTIAL CONSENT FORM

(AS OF 12/1/2019) FORM SUBJECT TO CHANGE National Sigma Beta Club Foundation, Inc. **Attn: Membership/Finance 3313 Government Street** Baton Rouge, Louisiana 70806

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SBC Member's Name:		Date of Birth:
Moms Name:		Cell Phone:
Dads Name:		Cell Phone:
Emergency Contact Name:		Cell Phone:
My/Our child is covered by:		
INSURANCE company Name:		Policy number:
Effective from:	to	
Known medication:	Know	vn Allergies:
Doctor/Physician's Name:		
Doctor/Physician's: (Phone #)		(fax)
Doctor/Physician's E-mail Address: _		
Parent/G∪ardian Signature(s):		
Print:	_Sign:	Date:
Notary Information:		
Print:	_	Sign:
SUBSCRIBE and sworn before me	DAY OF	,20
Notary Public, State of	My Commission Exp	oires

Affix Stamp here