

SIGMA BETA CLUB

Parent / Emergency Consent and Emergency Information

Please Print or Type

Form _____

Date: _____

Club Member's Name: _____

Home Address: _____

Telephone Numbers: (Home) _____ (Mobile) _____

I (We), give permission for our son, _____ as named

Herein, to participate in the Sigma Beta Club, _____ Chapter, Phi Beta Sigma Fraternity, Inc. 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/or guardian of said minor, I (We), forever release, acquit and discharge Phi Beta Sigma Fraternity, Inc. / _____ Sigma Beta Club and members 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 has insurance coverage with _____ Insurance Company, Insurance Policy # _____, effective from _____ to _____.

Signature(s)
Parents / Guardian: _____

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

NOTARY PUBLIC
NOTARY OF STATE OF _____ My Commision Expires _____
COUNTY OF _____

**Submit to: Kappa Upsilon Sigma Chapter
P.O. Box 341
Willingboro, New Jersey 08046**

SIGMA BETA CLUB

Parent/Guardian Consent and Emergency Information

Please Print or Type Application

In case of an emergency, please contact

Name _____ Relationship _____

Address _____

City/State/Zip _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Name _____ Relationship _____

Address _____

City/State/Zip _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Name _____ Relationship _____

Address _____

City/State/Zip _____

Phone Number (Home) _____ (Work) _____ (Cell) _____

Submit to: Kappa Upsilon Sigma Chapter

P.O. Box 341

Willingboro, New Jersey 08046

Phi Beta Sigma Fraternity, Inc.
SIGMA BETA CLUB
Application

Please Print or Type Application

Date _____ Chapter _____
Region _____
Name _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____ Email _____
Address _____
Date of Birth _____ Age _____
Name of School _____ Grade _____
Cumulative GPA _____ Last Semester GPA _____

Parents/Guardian Information:

Mother's Name _____
Address _____ City/State/Zip _____
Telephone (Home) _____ Work _____
Father's Name _____
Address _____ City/State/Zip _____
Telephone (Home) _____ Work _____
Guardian's Name _____
Address _____ City/State/Zip _____
Telephone (Home) _____ Work _____
Member's Signature _____ Date _____
Parent/Guardian's
Signature _____ Date _____

Submit to: Kappa Upsilon Sigma Chapter
P.O. Box 341
Willingboro, New Jersey 08046