



**NATIONAL SIGMA BETA CLUB FOUNDATION, INC.
 2017 NATIONAL SIGMA BETA CLUB
 LEADERSHIP CONFERENCE
 JULY 19TH – 23RD, 2017
 WAYNE STATE UNIVERSITY
 DETRIOT, MICHIGAN**



Parental/Guardian Consent Form and Medical Release (page 1)

Please print or type application Date: _____

Participant's Name: _____ Age: _____

Parent/Guardian's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home _____ cell _____

**"I/WE, _____ give permission for our son,
 _____, an active member of _____ Chapter, who is registered
 and who will participate in the 2017 National Sigma Beta Club Leadership Conference which will
 be held at Wayne State University in Detroit, Michigan.**

In addition, I/we release and waive, and further agree to indemnify, hold harmless the National Sigma Beta Club Foundation, Inc. and Phi Beta Sigma Fraternity, Inc., its Officers and Membership, Agents or Representatives, as well as SBC Advisors and/or Parents/Guardians, from and against, any claims which I/we, any other parent or guardian, any sibling, any other person or any organization may have or claim to have, known or unknown, directly or indirectly, from any lost, damage, or injury arising out of, during or in connection with the participant/Sigma Beta Club Member as a registrant of the 2017 National Sigma Beta Club Leadership Conference, and/or any conference activities and travel to and from the 2017 Sigma Beta Club Leadership Conference, or the rendering of or administering of emergency medical procedures or treatment and/or EMS and Hospital related medical care ."



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Parental/Guardian Consent Form and Medical Release (page 2)

I give my permission for my son _____ to participate in the following events and activities during the 2017 Sigma Beta Club Leadership Conference (please initial):

- _____ Archery
- _____ Basketball
- _____ Boating
- _____ Culture Arts & Music Museums
- _____ Hiking/Binocular
- _____ Horseback Riding
- _____ Nature Journaling
- _____ Obstacle Course
- _____ Rope Courses
- _____ Swimming
- _____ Wall/Tower Climbing/Repelling Walls
- _____ Water Testing
- _____ Youth Conservation Corp/Internship Seminar
- _____ I do not wish to have my child participate in any physical activity during the 2017 SBC Conference.

Parent/Guardian Signature(s):

Print: _____

Sign: _____

Date: _____

Print: _____

Sign: _____

Date: _____

All forms must be mailed on or before April 30, 2017 to:

**NSBC Headquarters
 Attn: Arthur R. Thomas - 2017 SBC Leadership Conference
 3313 Government St., Baton Rouge, LA. 70806**

If you have any questions/concerns, please contact Melvin Kaufman at sigmabetaclubfoundation@hotmail.com



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Parental/Guardian Consent Form and Medical Release (page 3)

My/Our child _____ has Insurance/Medicaid coverage with:

Insurance company/Medicaid Provider: _____

Policy/Medicaid number: _____ Effective from _____ to _____

Known Prescribed/off Counter medication: _____

Known Allergies: _____

Doctor/Physician's Name: _____

Office Address: _____

Office Telephone No.: _____ Fax Number: _____

Parent/Guardian Signature(s):

Print: _____ (required)

Sign: _____ Date: _____

Print: _____

Sign: _____ Date: _____

Subscribe and sworn before me _____ DAY OF _____, 20_____.

Notary Signature: _____

Notary Public, State of _____ My Commission Expires _____

**All forms must be Notarized by a Notary Public and mailed on or before April 30, 2017 to
 NSBC Headquarters**

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Emergency Contact Information

Please print or type application: _____ Date: _____

SBC Participant Name: _____

In Case of Emergency, please contact: (both sections are required to fill):

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home: _____

work: _____

cell: _____

Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone Number: home: _____

work: _____

cell: _____

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