

Youth Club Membership Application

Date submitted _____ Date approved _____

Name _____ Date of Birth _____

Address _____ City/State _____

Zip _____ Telephone Number _____ Age _____

Cell number _____ Email _____

Name of School Attending _____ Grade Level _____

Religious Preference _____ Hobbies/Special Interests _____

Mother's/Father's/Guardian Name _____ Number _____

Address (if different) _____ Zip _____

My child, _____ has my permission to become an active member of the
_____ Youth Group of Zeta Phi Beta Sorority, Inc.

Parent/Guardian Signature _____ Date _____

Emergency Contact Information: Contact Person _____

Relationship _____ Number _____

Please list any known medical problems _____

Hobbies _____

Archonette candidates should include a one-page essay stating why they should be considered for membership into the Archonettes of Zeta Phi Beta Sorority, Inc.

Zeta Phi Beta Sorority, Incorporated

Omega Iota Zeta Chapter

INFORMED CONSENT & A RELEASE OF LIABILITY

(To be completed by each Participant and a Member of Zeta Phi Beta, Sorority, Incorporated)

I hereby release and hold harmless Zeta Phi Beta Sorority, Incorporated, Omega Iota Zeta Chapter, its agents, representatives, and employees (collectively and individually Zeta Phi Beta Sorority, Incorporated) from any and all liability which may arise in connection with my participation in any and all activities sponsored by Zeta Phi Beta Sorority, Incorporated, or any other offices, departments, or organizations associated with Zeta Phi Beta Sorority, Incorporated. Such activities so sponsored shall be referred to as Programs.

This release shall include, but shall not be limited to potential liability from accidents or injuries which may occur in connection with or potential liability from the content of any and all Programs. Furthermore, I agree to indemnify Zeta Phi Beta Sorority, Incorporated, Omega Iota Zeta Chapter from any suit, claim or any other action brought by any parent, whether biological, adoptive or custodial, guardian or family member of any youth participating in any Program on account of or in connection with my participation in any and all Programs.

I understand that Zeta Phi Beta Sorority, Incorporated, is not responsible for determining whether the content of any Program is suitable for the participants but that such determination shall be made by the participant. I declare that I have read completely the terms of this Release and that I understand fully and voluntarily accept each and every term of this Release.

Name of Parent or Guardian (Please Print): _____

Signature of Parent or Guardian: _____

Date: _____ Participant's Name: _____

Home Address: _____

Emergency Contact Name (Please Print): _____

Emergency Contact Phone Number: _____

Allergies: _____

Advisor's Signature: _____

Event/Activity: _____



I grant Zeta Phi Beta Sorority, Inc. the unlimited right to use and/or reproduce photographs or likenesses in any legal manner for the internal or external promotional and information activities of Zeta Phi Beta Sorority, Inc. I also agree to allow my child to be interviewed and/or photographed by representatives of the external news media in relation to any and all coverage of Zeta Phi Beta Sorority, Inc in which he/she is involved. I also agree to allow my child's work and/or photograph to be published on the Zeta Phi Beta Sorority, Inc. national and local chapter Web site/Internet pages, and publications. I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Name of Parent or Guardian (Please Print): _____

Signature of Parent or Guardian: _____

I. MEDICAL RELEASE

I/We, _____, are the parent(s)/guardian(s) of _____.

After having fully considered the possibilities of harm arising out of or in connection with reasons of illness, injury, accident or death incurred or suffered by our child's participation at Zeta Youth Auxiliary (programs/conference), I/we, as the parent(s)/guardian(s) do accept the responsibility for any and all injury to our child which may occur during travel, participation in activities, and any other time during the Zeta Youth Auxiliary (program/conference). I/We certify that our child is in good health, and free from any disability that would make her participation in the program/conference inadvisable.

As the parent/legal guardian, I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic, operative procedures and x-ray treatment of the above minor.

I have read this release and indemnification agreement and understand its meaning. This release is intended to bind my heirs, representatives, successors, assigns and administrations.

Signature of Parent(s)/Guardian(s) _____ Date: _____

Address _____ City/State/ZIP _____

Telephone: _____ Cell#: _____ Office#: _____

Insurance Carrier _____ Policy# _____

Family Physician _____ Phone _____

Please list emergency number(s) at which another relative may be reached during the program/conference.

Name _____ Relationship: _____ Telephone: _____

Name _____ Relationship: _____ Telephone: _____

Name _____ Relationship: _____ Telephone: _____

Name _____ Relationship: _____ Telephone: _____

II. HEALTH INFORMATION

I/We, _____, are the parent(s)/guardian(s) of _____.

Child's Birth Date: _____

General health: (*check one*) Good Fair Poor

1. Known allergies of child, including allergies to medicine: _____

2. List any medical problems which should be noted: _____

3. Is your child currently taking any medication? Yes No

<u>Medication</u>	<u>Dosage</u>	<u>Times Per Day</u>	<u>Condition</u>
1.			
2.			

Signature of Parent(s)/Guardian(s) _____ Date: _____

Notice: *The information above is required in order for your child to participate all programs/conferences. If your child does not have medical insurance, please indicate under insurance carrier.*