



YOUTH AFFILIATES



zphib1920.org

Zeta Youth with Dreams, become Zeta Women with Vision.

Child's Information:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____@_____

Name of School: _____ Grade: _____

Hobbies and/or Special Interests: _____

Parent/Guardian's Information:

Last Name: _____ First Name: _____ MI: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____@_____

Emergency Contact's Name: _____

Relation to Youth Member: _____ Phone Number: _____

Parent/Guardian's Consent:

I, _____ hereby confirm that my child, _____
Parent/Guardian's Name Child's Name

has my permission to become an active member of the _____ Youth Group of Zeta
Name of Auxiliary

Phi Beta Sorority, Inc. _____ Chapter.
Chapter Name

Approval Signatures:

Parent's Signature: _____ Submission Date: _____

Advisor's Signature: _____ Approval Date: _____



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I hereby release and hold harmless Zeta Phi Beta Sorority, Incorporated, _____ 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, _____ 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.

I, _____ hereby confirm that my child, _____
Parent/Guardian's Name Child's Name
 has my permission to attend _____ for the _____ Youth
Name of Meeting, Event, Trip, etc. Name of Auxiliary
 Group of Zeta Phi Beta Sorority, Inc. _____ Chapter from _____.
Chapter Name Date(s) of Event

It is my understanding that these activities, which are taken under the auspices of the Zeta Phi Beta Sorority, Incorporated _____ Chapter will be supervised by competent members who will travel with the group.

Parent/Guardian's Last Name: _____ First Name: _____ MI: _____

Address _____

City: _____ State: _____ Zip: _____

Parent's Signature: _____ Submission Date: _____

Advisor's Signature: _____ Approval Date: _____

Chapter Name _____



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I/We, _____, are the parent(s)/guardian(s) of _____.
Parent's Name Child's Name

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 during the meeting, activities, events, trips, service projects of the _____ Youth Groups, 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 scheduled and planned events. 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

Parent/Guardian's Last Name: _____ First Name: _____ MI: _____

Parent's Signature: _____ Submission Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____ Phone Number: _____

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Please list the emergency number at which another relative may be reached in the event of an emergency.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____



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Child's Name: _____ Date of Birth: _____

Please list any known allergies (medication, food, etc.):

Details of any of the above and any other important medical information:

Is your child currently taking any medications? Yes No

Medication	Dosage	Times Per Day	Conditions

List any medical problems which should be noted:

Parent's Signature: _____ Submission Date: _____

Chapter Name _____



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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 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).

Child's Name: _____

Parent's Last Name: _____ First Name: _____ MI: _____

Parent's Signature: _____ Submission Date: _____

Advisor's Signature: _____ Approval Date: _____

Chapter Name _____