

**Lambda Upsilon Sigma**  
**Rhosebud Application Form**

**INSTRUCTIONS:** This form must be completed annually, and as changes occur, by the child's Parent or Guardian and returned to the Advisor of the Lambda Upsilon Sigma Rhosebud Club prior to attending the first Rhosebud Meeting/activity. Additional sheets may be used, if needed.

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**APPLICANT'S INFORMATION**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

New application? ☐ YES ☐ NO Existing Rhosebud? ☐ YES ☐ NO Year Joined: \_\_\_\_\_

Name of Sigma Gamma Rho Member Extending

Invitation: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Child is in the custodial care of: ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Other: \_\_\_\_\_

**Full name of Parent/Guardian 1:**

\_\_\_\_\_

Address (if different than child's):

\_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Full Name of Parent/Guardian 2:**

\_\_\_\_\_

Address (if different than child's):

\_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

E-mail: \_\_\_\_\_

**EMERGENCY CONTACTS (If different than above)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

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Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

**EDUCATION INFORMATION**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Name of Principal/Contact: \_\_\_\_\_

Phone Number for School Contact: \_\_\_\_\_

Grade: \_\_\_\_\_

**ACTIVITIES / ACCOMPLISHMENTS / TALENTS**

Please list any current/past activities, accomplishments or talents below:

School:

\_\_\_\_\_  
\_\_\_\_\_

Church:

\_\_\_\_\_  
\_\_\_\_\_

Talents/Skills/Sports:

\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY SERVICE**

Has your child participated in community service activities? ☐ Yes ☐ No

If yes, please provide some examples:

\_\_\_\_\_  
\_\_\_\_\_

A community service activity that your child would be interested in planning or participating in is:

\_\_\_\_\_  
\_\_\_\_\_

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**PARENTAL PERMISSION AND RELEASE**

I, the undersigned, being the parent or legal guardian of \_\_\_\_\_ a member of the Rhosebud Club of the Lambda Upsilon Sigma do hereby consent to the participation of my child in Rhosebud activities sponsored by the Lambda Upsilon Sigma Chapter of Sigma Gamma Rho Sorority, Inc. I certify that my child is physically fit and adequately prepared to participate in these activities as provided in the Rhosebud Health and Authorization Form.

I understand that I am responsible for ensuring that my child is prepared to participate in each activity as determined by the Lambda Upsilon Sigma Chapter of Sigma Gamma Rho Sorority, Inc. This may include, but is not limited to, payment of fees and attending any preparation meetings. I also understand that I am responsible for ensuring that my child behaves appropriately during these activities. I further understand that, if in the opinion of the Lambda Upsilon Sigma Chapter of Sigma Gamma Rho Sorority, Inc., or adult- in- charge ("Leader"), my child is not behaving appropriately, I may be asked to pick- up my child early from the activity at my own expense, and that it is at the Leader's discretion whether or not to refund any fees that I've paid for this activity. I understand that my child may not participate in activities if she appears to be ill. I further understand that if my child appears to be ill when she arrives at an activity or becomes ill during an activity, I will be asked to pick- up my child early from the activity at my own expense, and that it is at the Leader's discretion whether or not to refund any fees that I've paid for this activity.

Parent/Guardian(s) Full Name (PRINTED): \_\_\_\_\_

Parent Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Rhosebud Advisor's Name (PRINTED): \_\_\_\_\_

Rhosebud Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter: \_\_\_\_\_ Region: \_\_\_\_\_

**Lambda Upsilon Sigma**  
**Rhosebud Health Information and Authorization Form**

**INSTRUCTIONS:** This form must be completed annually, and as changes occur, by the child's Parent or Guardian and returned to the Advisor of the Lambda Upsilon Sigma Rhosebud Club prior to attending the first Rhosebud Meeting/activity. Additional sheets may be used, if needed.

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**APPLICANT'S INFORMATION**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Full name of Parent/Guardian 1:**

\_\_\_\_\_

Address (if different than child's):

\_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Full Name of Parent/Guardian 2:**

\_\_\_\_\_

Address (if different than child's):

\_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

E-mail: \_\_\_\_\_

**EMERGENCY CONTACTS (If different than above)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 3: \_\_\_\_\_

**Lambda Upsilon Sigma**  
**Rhosebud Health Information and Authorization Form**

**HEALTH INFORMATION** (Check all that apply and provide requested information)

Allergies	Yes	No	Explain "yes" answers. Include the type of allergy (e.g.- "nut allergy" in the food category)
Animals	<input type="checkbox"/>	<input type="checkbox"/>	
Insect Stings	<input type="checkbox"/>	<input type="checkbox"/>	
Plants/Trees	<input type="checkbox"/>	<input type="checkbox"/>	
Food	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Explain any specific needs or accommodations required: \_\_\_\_\_

Explain any known behavioral and/or emotional problems: \_\_\_\_\_

Explain any disabilities or chronic or recurring illnesses: \_\_\_\_\_

Explain any activities that are discouraged or limited by your child's physician: \_\_\_\_\_

Explain any dietary modifications: \_\_\_\_\_

Has menstruation begun? ☐ Yes ☐ No If yes, is her menstrual history normal? ☐ Yes ☐ No If not, does she know what it is? ☐ Yes ☐ No

Date of Last Health Exam: \_\_\_\_\_ Current Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_

**IMMUNIZATION HISTORY**

Are all immunizations current? ☐ Yes ☐ No If not, state reason(s): \_\_\_\_\_ DTP or DT (Tetanus) Date: \_\_\_\_\_

**MEDICATION INFORMATION**

Are any prescription medications being taken? ☐ Yes ☐ No Are any of the following used? ☐ Inhaler ☐ EpiPen

Name of Medication	Reason for Medication	Dosage	Frequency

My child may be given: ☐ Aspirin ☐ Benadryl ☐ Ibuprofen ☐ Neosporin ☐ Tylenol ☐ None

**MEDICAL CARE AND INSURANCE INFORMATION**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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**Rhosebud Health Information and Authorization Form**

**AUTHORIZATION FOR MEDICAL CARE**

I, the undersigned, certify that the information provided on this form is accurate. The child listed above, has permission to engage in all activities for the Rhosebud Club of Lambda Upsilon Sigma except as noted above. I hereby give permission to the members Lambda Upsilon Sigma Chapter of Sigma Gamma Rho, Sorority, Inc. to provide routine health care and witness prescribed medications. I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Lambda Upsilon Sigma Chapter of Sigma Gamma Rho, Sorority, Inc. Should a medical emergency arise during my child's participation in an activity sponsored by Lambda Upsilon Sigma Chapter of Sigma Gamma Rho, Sorority, Inc., I understand that reasonable efforts will be made to contact me or my designated emergency contact at the phone number(s) I have provided. If it is believed my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated emergency contact would cause, I consent to the administration of medical treatment and/or surgical procedure deemed necessary by the medical doctor and/or medical facility and the immediate administration of life- sustaining measures deemed necessary under the circumstances. To ensure prompt attention in the case of sickness or accident, I hereby authorize the persons in charge of the Rhosebud Club to incur expenses necessary for treatment and I agree to pay for the same if this is in excess to the amount paid by any accident or health insurance that may be in effect at the time of the sickness or accident. I authorize this form to be photocopied.

Parent/Guardian(s) Full Name (PRINTED): \_\_\_\_\_

Parent Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Rhosebud Advisor's Name (PRINTED): \_\_\_\_\_

Rhosebud Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chapter: \_\_\_\_\_ Region: \_\_\_\_\_

**Lambda Upsilon Sigma**  
**Rhosebud Release and Hold Harmless Agreement**

I, \_\_\_\_\_ (PRINTED NAME OF PARENT/GUARDIAN), certify that I am the legal parent/guardian for \_\_\_\_\_ and on behalf of myself, my heirs, assigns and all other persons or entities claiming by, under or through me, represents covenants and agrees that I will not hold or seek to hold Sigma Gamma Rho Sorority, Inc., its officers, directors, regions, chapters, members, affiliates, employees, agents or representatives responsible for any liability resulting from my child's participation in activities sponsored by the Rhosebud Club of Lambda Upsilon Sigma ("Rhosebud Club"). I further waive and release any and all rights and claims against the aforementioned parties for any injury or loss suffered while participating in the Rhosebud Club.

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby consent and agree to the following:

I hereby grant to the Rhosebud Club, and others working for the Rhosebud Club or on its behalf, and each of its respective licensees, successors and assigns (each a "Releasee"), the irrevocable, royalty-free, perpetual, unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, modify, create derivative works of, reproduce or otherwise exploit my child's name, picture, likeness and voice (including any video footage of the same) (collectively, "Media"), or to refrain from so doing, anywhere in the world, by any persons or entities deemed appropriate by Rhosebud Club, for any purpose (except defamatory) including, without limitation, any use for educational, advertising, non-commercial or commercial purposes in any manner or media whatsoever (whether known or hereafter devised) including, without limitation, on the internet, in print campaigns, via radio and via television. I agree that I have no interest or ownership in any of the Media. I shall have no right of approval, no claim to compensation and no claim (including, without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any use, alteration, blurring, illusionary effect or use in any composite form of my child's name, picture, likeness and voice. I agree that nothing in this Release will create any obligation on the Rhosebud Club to make any use of the Media or the rights granted in this Release. I hereby release and hold harmless Releasees from any claim for injury, compensation or negligence resulting or arising from any activities authorized by this Release and any use of the Media by the Rhosebud Club.

\_\_\_\_\_  
Parent/Guardian(s) Full Name (PRINTED)

\_\_\_\_\_  
Parent Guardian's Signature

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian's Address (Address, City, State, Zip code):

\_\_\_\_\_  
Parent Guardian's Email:

\_\_\_\_\_  
Parent Guardian's Phone Number:

## **Lambda Upsilon Sigma**

### **Rhosebud Transportation Permission and Release**

I, \_\_\_\_\_ (PRINTED NAME OF PARENT/GUARDIAN), certify that I am the legal parent/guardian for \_\_\_\_\_, a member of the Rhosebud Club of Lambda Upsilon Sigma ("Rhosebud Club"). In consideration of my child's acceptance in the Rhosebud Club, by signing below, I consent and understand that my child, may be transported by a chartered bus/vehicle for participation in activities sponsored by the Rhosebud Club. On behalf of myself, my heirs, assigns and all other persons or entities claiming by, under or through me, I agree that I will not hold or seek to hold Sigma Gamma Rho Sorority, Inc., its officers, directors, regions, chapters, members, affiliates, employees, agents or representatives responsible for any liability for injuries resulting from my child's transportation to, transportation from, or participation in activities sponsored by the Rhosebud Club. I further waive and release any and all rights and claims against the aforementioned parties for any injury or loss suffered while my child is transported in association with activities for the Rhosebud Club.

\_\_\_\_\_  
Parent/Guardian(s) Full Name (PRINTED)

\_\_\_\_\_  
Parent Guardian's Signature

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian's Address (Address, City, State, Zip code):

\_\_\_\_\_  
Parent Guardian's Email:

\_\_\_\_\_  
Parent Guardian's Phone Number: