Youth Fall Break Camp-
October 14, 15, and 16 | 10:00am-2:00pm
Pawnee Nation Wellness Center Gymnasium
Parent/Child Registration Application

PLEASE PRINT: Application Deadline is October 8th by 5:00pm-No Exceptions

Parent/Guardian: _____ Phone: _____

Address: _____

Emergency Contact Information (Name and Phone number):

_____

_____

Participant's Name	Age	Grade	Shirt Size
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Please list those who have permission to pick up your child(ren) other than Parent/Guardian; ID may be required. We will not release the child(ren) to anyone not on the list: _____

Name Phone number

_____

Name Phone number

We will provide a light lunch for our participants during this camp. Please fill out information below if it pertains to your child(ren). Please list allergies, special needs, and/or food allergies: _____

****If medication needs to be given to the participant, the parent/guardian must come to the camp and give the medication to the child(ren). Staff are not trained nor qualified to dispense medication to the participants. ****

I hereby give my permission for my child(ren) to participate in the activities planned for this event.

_____

Signature of Parent/Guardian Date

*Children Must Be Picked Up No Later Than 2:00pm *No Exceptions*

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Liability Waiver:

Parent/Guardian Authorization for Health Care, the Fall Break Camp is a FREE opportunity from the Pawnee Nation Division of Health and Community Services. The staff and employees of the Pawnee Nation and the Pawnee Nation Business Council are not liable for any accidents, damages, lost or stolen items, or allergic reactions while in attendance to any program events. I am aware of the inherent health risks involved in physical activities; the participant will immediately stop all exercises during the camp if undue fatigue or pain occurs. **Please initial**: _____

We acknowledge that this information is correct and accurately reflects the health status of the youth to whom it pertains. The youth(s) stated above has permission to participate in all activities except as noted by me and/or an examining physician. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment form, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with activity staff. I have read and understand the liability waiver. **Please initial:** _____

It is my understanding that participating in the programs and activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities included by way of example, physical injury due to activity-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. **Please initial**: _____

I recognize that there may be occasions where the child(ren) may need first aid or emergency medical treatment as a result of an accident, illness, or other health conditions or injury. I do hereby give permission for employees of the Pawnee Nation to seek and secure needed medical attention or treatment for the child named above including hospitalization, if in the employee's opinion, the need arises. All staff are CPR/First aid certified. **Please initial**: _____

On occasion, the Pawnee Nation or its representatives takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. This consent includes but is not limited to photographs, videotape, and audio recordings. I give permission for my child(ren) to be photographed. **Please initial**: _____

I do not wish for my child(ren) to be photographed or video: **Please initial**: _____