



KAW NATION TRIBAL YOUTH ENROLLMENT FORM

AGE: _____

DATE: _____

GRADE: _____

COUNSELOR: _____

CHILD'S NAME: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

SHIRT SIZE: (CIRCLE ONE): YS YM YL SMALL MEDIUM LARGE XL XXL

NAME OF PARENT/GUARDIAN: _____

PLACE OF EMPLOYMENT: _____

WORK #: _____

CELL #: _____

PERMISSION TO TEXT: YES NO

NAME OF PARENT/GUARDIAN: _____

PLACE OF EMPLOYMENT: _____

WORK #: _____

CELL #: _____

PERMISSION TO TEXT: YES NO

EMERGENCY CONTACTS

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME #: _____

CELL #: _____

EMERGENCY CONTACT: YES OR NO

CHILD PICK UP: YES OR NO

NAME: _____

RELATIONSHIP TO CHILD: _____

HOME #: _____

CELL #: _____

EMERGENCY CONTACT: YES OR NO

CHILD PICK UP: YES OR NO

PERMISSION SLIP FOR PHOTOGRAPHING A MINOR CHILD

We be taking pictures of field trips, after school activities, and other events throughout the year. We would like your permission to use these photographs on our website, newsletters, bulletin boards, and advertising materials. We will never reference your child by name or provide information regarding your child. We will never sell these pictures; we will use them exclusively for the Tribal Youth Program purposes.

___ Yes. I grant permission to use photos of my child on the Kaw Nation website, bulletin board, newsletters and advertising material.

___ No. Please do NOT use or take photos of my child.

CHILD'S NAME: _____

PARENT/GUARDIAN (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

TRANSPORTATION

___ I do not give my child _____, permission to be transported.

___ I give my permission for my child _____, to be transported on field trips, activities and to the nearest medical facility in the case of a emergency and the emergency and the emergency contacts cannot be reached.

Additional Comments: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

POLICIES AND PROCEDURES

I, the parent/guardian of: _____, have received and understand the Policies and Procedures presented to me by the Kaw Nation Tribal Youth Program.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

COMMENTS AND CONCERNS:

PICK-UP

The Tribal Youth Program will not allow participants to leave without signing this page saying your child can walk home or one of the above emergency contacts arriving to pick them up. Please put a check next to your directive below.

I give permission to walk home and, therefore, understand that, once my child signs out, Kaw Nation Tribal Youth Program is relieved of ALL responsibility and liability for my child.

I want my child picked up from the above listed individuals or myself.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

SCHOOL RELEASE

The Kaw Nation Tribal Youth Program wishes to follow through with making sure your child is getting good grades and staying up to date with school work. There will be possible rewards for participants who keep A's and B's or are showing improvement in school. Please check which answer applies to you and your child.

Yes, the Kaw Nation Tribal Youth Program has my permission to speak with the school about my child.

No, the Kaw Nation Tribal Youth Program does not have my permission to speak with the school about my child.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

SUNSCREEN APPLICATION

As the parent/guardian of _____, I give permission for staff or other authorized agents of the Kaw Nation Tribal Youth Program to apply sunscreen product SPF 15 or higher to my child, as specified below, when engaging in outdoor activities during the months of May through October. I understand that sunscreen may be applied to exposed skin, including the face, tops of ears, nose, and bare shoulders, arms and legs.

Additionally, I have checked below my directives regarding the type of application of sunscreen.

Sunscreen of Tribal Youth Programs choice

Only use SPF _____ sunscreen

For Medicate reasons, do not apply sunscreen to my child

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____