

Hozhoogo Iina Kids Camp – Registration / Waiver Form

Please select date of attendance:

____ October 8th- Red Sands Christian School

____ October 15th- Hulet Elementary School Gym

Please PRINT the following information:

Student Name: _____ Age: _____ Gender: Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardians Information:

Name: _____

Would you like a reminder call or email the day before Kids Camp? Yes or No

Email: _____ Phone Number: _____

Student Enrollment and Release Statements:

I/We the parent(s)/guardian(s) of the above-name child do hereby give my/our consent and approval for said child to participate in all activities of the Hozhoogo Iina Kids Camp. I/We know that participation will engage in various activities that may result in serious injury, and do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors, instructors, participants, facility providers and other persons supervising my/our child for any claim arising out of any injury to my/our child whether the result of negligence or for other causes. I/We hereby waive, release, absolve, indemnify and agree to hold harmless facility providers, and any person, or persons **not directly involved** in the sponsor, instruction, or supervision of my/our child for any claim arising out of the Crime Control Act of 1990 (Public Law 101-647), and Miscellaneous Indian Legislation (Public Law 101-630). *Students, or his/her parents, also agree that any and all photographs taken by WIHCC Staff are the sole property of WIHCC, to be used by them as they wish.*

Participant's Signature

Date

➤ Participants under 18 must have this release co-signed by their parent or guardian prior to participation

Parent/Guardian Signature

Date

PLEASE FILL OUT BOTH SIDES OF THIS FORM.

Hozhoogo Iina Kids Camp — Medical Release Form

Students Name: _____ Date of Birth: _____

In case of emergency, I hereby authorize treatment by Certified Emergency Personnel (e.g. First Responder, EMT, Paramedic, E.R. Physician).

If above name is a minor, I/We the parent(s)/guardian(s) of the above-named minor, hereby authorize treatment by certified emergency personnel to my/our child in case of an emergency.

In case of emergency, contact: _____

Emergency Phone: _____ Relationship: _____

Any medical allergies: _____

Other allergies: _____

Current Medication: _____

Are you currently under doctor's care for a health condition? If yes, please indicate below or note:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Foot Problems | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Other |

History of any surgeries (and date): _____

History of any injuries (and date): _____

The purpose of this above information is to ensure that medical personnel have details of any medical problems that may interfere with or alter treatment.

Participant's Signature

Date

➤ Participants under 18 must have this release co-signed by their parent or guardian prior to participation.

Parent/Guardian Signature

Date

PLEASE FILL OUT BOTH SIDES OF THIS FORM.