



KICKAPOO TRIBE OF OKLAHOMA

UNITY YOUTH COUNCIL REGISTRATION FORM 2016-2017



Name: _____ DOB: _____ Age: _____

Mailing Address: _____

Member Cell Phone: _____ Message Phone: _____

Please circle: Male/Female Grade: _____ School: _____

CDIB or enrollment card: ____ Yes ____ No Tribal Affiliation: _____

Shirt Size (circle one): S M L XL 2XL 3XL

PARENT/GUARDIAN INFORMATION (NEED WORKING NUMBERS, PLEASE NOTIFY IF NUMBER CHANGES)

Mother/Guardian Name: _____

Phone: _____ Cell Phone: _____ Message: _____

Father/Guardian Name: _____

Phone: _____ Cell Phone: _____ Message: _____

EMERGENCY CONTACT INFORMATION (NEED WORKING NUMBERS, PLEASE NOTIFY IF NUMBER CHANGES)

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Other: _____

Name: _____ Relationship to child: _____

Phone: _____ Cell Phone: _____ Other: _____

I understand that I will not be eligible to participate in any UNITY field trips or be able to attend the National UNITY Conference for one year if I do not abide by the rules and/or if my behavior is unacceptable or inappropriate at any time.

Participant Signature

Date

I do realize that my child is responsible for his/her actions regardless of what others may do. He/she will be held to the contract they signed.

Parent/Guardian Signature

Date



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VOLUNTARY AGREEMENT/RELEASE

I agree to let my child, _____, participate in research, surveys, questionnaires, etc. for the Education Youth Program and/or UNITY. I give permission to the Education Youth Program and/or UNITY group to use my child's photo or video in presentation materials designed for publicity purpose and hereby release the Kickapoo Tribe of Oklahoma of any responsibility or obligation.

Parent/Guardian Signature

Date

PARENT/GUARDIAN CONSENT & AGREEMENT

I, _____, give permission for my child, _____, to be transported by the Kickapoo Tribe of Oklahoma for field trips, to/from UNITY meetings and any other transportation issues in regard to participation of the UNITY program.

I understand there are rules and guidelines to being a part of the UNITY Program and I agree to adhere to those rules and guidelines. I understand that the Kickapoo Tribe of Oklahoma will not be responsible for accidents or injuries that may occur.

I release the Kickapoo Tribe of Oklahoma Education Department, Education Director, its employees, operators, counselors, and instructors from any and all claims and demands, costs, charges and expenses from harm, injury, damage or loss which may be sustained by the participant as a result of or relating to the participation in the UNITY group.

I understand that there are a few major fundraisers we will have that will require my attendance. If I am unable to attend, I agree to find someone to take my place, whether it is a friend or family member.

I have read and I understand the above liability release.

Parent/Guardian Signature

Date



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AUTHORIZATION FOR MEDICAL SERVICES

In case of an emergency, illness, accident, or injury, I/We hereby authorize the Kickapoo Tribe of Oklahoma to take, at its discretion, any action necessary for the health and welfare of my/our child _____, while he/she is involved with the Education Youth Program and/or UNITY Group. I/We also authorize any and all medical bills, including prescriptions, to be billed to me/us, the undersigned.

Family or Child's Physician: _____

Address & Phone: _____

My child is now being treated for: _____

My child has had a history of the following: (allergies, asthma, medications, etc.)

My child should not participate in the following activity: _____
 due to _____

I give permission for the Education Youth Program and/or UNITY Program Advisors to give my child over-the-counter medications (tylenol, ibuprofen, pepto, antacids, etc.).

 Mother/Guardian Signature

 Date

 Father/Guardian Signature

 Date



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RULES & CONTRACT

GENERAL RULES

- Be respectful at all times.
- Absolutely no bullying of any type.
- Respect the rights and property of others.
- No hitting or wrestling.
- Must be smoke free, drug free and alcohol free.
- Cell phones must be turned off during meeting and other events such as workshops or during guest speaker presentations. Parents will have youth advisor's cell phone number, (405) 432-8517, in case of emergencies.
- Must participate in activities (exceptions are possible).
- Represent the Kickapoo UNITY Youth Council, family and the Tribe as a whole, in a positive manner at all times.

NATIONAL CONFERENCE ELIGIBILITY GUIDELINES

- Youth must be a registered member by October 31, 2016 in order to be eligible to attend the National UNITY Conference in July 2017.
- Cannot be placed in ISD or be suspended from school beginning October 31, 2016 to the end of school.
- Must not have had any offenses against the law since July 2016.
- Must not have any pending cases against you in a court of law.
- Must be smoke free, drug free and alcohol free.
- Must be pursuing a high school diploma/GED. If already received, must be pursuing a higher education or must be employed.
- Must be an active member of the Kickapoo UNITY Youth Council.
- Must have attended at least 75% of all meetings and events beginning September 2016 to June 2017.
- Must maintain a 2.0 Semester GPA (passing all classes each semester).
- Must turn in grades by January 10, 2017 and by June 1, 2017.

I have read and understand the rules set forth and approved by the Kickapoo UNITY Youth Council.

Member Signature

Date

Parent/Guardian Signature

Date