



ALL NATIONS YOUTH COUNCIL

UNITY YOUTH COUNCIL REGISTRATION FORM 2021-2022



Name: _____ DOB: _____ Age: _____

Mailing Address: _____ Email: _____

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 All Nations UNITY Youth Group 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 understand that my child is responsible for his/her actions regardless of what others may say or do. He/she will be held to the UNITY Membership contract that they have read, understood and 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 UNITY, KTO Education Programs, KTHC Behavioral Health Youth Services/Programs. I give permission to the KTO Education, KTHC Behavioral Health and UNITY group to use my child's photo or video in presentation materials designed for publicity purposes 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 have read and I understand the above liability release.

Parent/Guardian Signature

Date

I, the parent/guardian, understand that there are a few major fundraisers UNITY 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.

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 KTO Education and/or UNITY. I/We also authorize any and all medical bills, including prescriptions, to be billed to me/us, the undersigned.

Parent/Guardian Signature

Date

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.).

Parent/Guardian Signature

Date



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RULES & CONTRACT



GENERAL RULES

- Be respectful at all times.
- Agree to mask and social distancing requirements.
- Absolutely no bullying of any type.
- Respect the rights and property of others.
- No hitting, wrestling or rough housing.
- 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 the youth advisor, Tonia George, cell phone number, (405) 432-8517, in case of emergencies.
- Must participate in all activities and fundraisers (exceptions and make up days are possible).
- Represent the All Nations 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, 2021 in order to be eligible to attend the National UNITY Conference in July 2022 (no exceptions).
- Cannot be placed in ISD or be suspended for serious offenses from school beginning October 31, 2021, to the end of school. Two chances may be given for non-serious offenses (tardies, absences, dress code/under council discretion).
- Must not have had any offenses against the law as of October 31, 2021.
- Must not have any pending cases against you in a court of law as of October 31, 2021.
- Must be smoke free, drug free and alcohol free.
- Must be pursuing a high school diploma/high school equivalency, be employed, pursuing a higher education, or vocational training.
- Must be an active member of the All Nations Youth Council.
- Must have attended at least 85% of all meetings and events beginning October 31, 2021 to June 2022.
- Must maintain a “C” grade in each class (passing all classes each semester).
- Must turn in grades by January 10, 2022, and by June 1, 2022.
- Must be 14 by October 31, 2021 in order to attend.
- Parent/Guardian or substitute must attend the major fundraiser events and must participate in all raffle ticket sales.
- Each member must reach the minimum raffle sale requirement set by the All Nations Youth Council.
- Participate in community service around our area (KTO Community Garden, Habitat for Humanity).

I have read and understand the registration form and rules set forth and approved by the All Nations Youth Council.

Participant Signature

Date

Parent/Guardian Signature

Date



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AUTHORIZATION FOR DISCLOSURE OF INFORMATION

I, _____, hereby authorize _____, to provide
(Parent/guardian name) (Name of institution/school)

grades/attendance/ISD/suspension information needed to evaluate eligibility to attend

the National UNITY Conference for my child _____ to the KTO
 Education Department. (Name of child/student)

I understand any information provided will remain confidential and will be used solely for the purpose of evaluation of eligibility to attend the National UNITY Conference.

 Student/Participant Signature

 Date

 Parent/Guardian Signature

 Date