



2018 OUTDOORS CLUB APPLICATION

*Please complete and return application to Nome Eskimo Community at
200 W. 5th Avenue or Fax 907-443-9144*

Participant Name: _____ Birth date: _____

Age: _____ Grade completed: _____ Male: _____ Female: _____

Parent(s)/Guardian(s) Name _____

Address: _____

Phone Home: _____ Parent/Guardian Work Phone: _____

Parent Cell Phone: _____

Parent/Guardian E-Mail Address: _____

In case of an emergency, please contact (other than parents): _____

Home Phone: _____ Work Phone: _____

Health Insurance Company: _____

Policy: _____

Tribally enrolled with Nome Eskimo Community? Yes: _____ No: _____

Do you have any allergies? (Mosquito bites, medicines, foods, etc.) Yes: _____ No: _____

If yes, please explain: _____

Are you currently taking any medications? Yes: _____ No: _____

If yes, please explain: _____

Other pertinent facts to which staff and/or a medical physician should be alerted: _____

PARENT PERMISSION FOR PUBLICATION

Activities and events sponsored by Nome Eskimo Community occasionally are photographed or videotaped by staff and students for publication in NEC presentations, websites. (Example: NEC Tribal Council meetings, Annual meetings) Please check the boxes below to indicate the level of publication permission you would like to grant your child.

CHECK THE APPROPRIATE BOX/ES:

- Nome Eskimo Community may publish my child’s picture on the internet (example – NEC website)
- Nome Eskimo Community may publish my child’s first name on the Internet
- Nome Eskimo Community may publish my child’s last name on the Internet
- Nome Eskimo Community may publish my child’s picture or video clips for NEC sponsored projects.

(Parent/legal guardian) signature

Date

WAIVER OF CLAIMS

I, _____, on behalf of my child(ren) _____ hereby waive, release, discharge, hold harmless and indemnify **Nome Eskimo Community** its officers and employees, from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney’s fees), losses, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively “liabilities”), in equity or law, in any manner arising out of or in connection with Nome Eskimo Community providing services and transportation, unless such liabilities are caused by the gross negligence or willful misconduct of Nome Eskimo Community. I agree to abide by all safety rules of Nome Eskimo Community.

(Parent/legal guardian) signature

Date

Youth Services Staff signature

Date

APPLICATION MUST BE TURNED before attending any Outdoors Club activities

If you have any question, please contact:

Dawn Warnke. Tribal Services Director, 443-9146 or Rayne Lie, Summer Youth intern. 443-9105