



20th Annual Gila River Close Up Event
April 15-17, 2019

DEADLINE: February 20, 2019

Email to: YouthCouncil@gric.nsn.us

REGISTRATION FORM



(Please type or print clearly. Fill in all blanks. Some information is needed in case of emergency)

PERSONAL DATA:

First Name: _____ Last Name: _____

Mailing Address (Street or Box #): _____

City: _____ State: _____ Zip: _____

Email: _____ Mobile #: () _____

_____ Grade Home/Message #: () _____

_____ District Gila River Enrollment #: _____

_____ Age Name of High School: _____

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

IN CASE OF EMERGENCY:

CONTACT: _____

Name	Relation	Phone
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COMMITMENT TO PARTICIPATE

You can count on my full participation in all sessions and activities of the Gila River Close Up Program. I pledge to conduct myself in a manner that will bring only credit to the Gila River Indian Community. In the event of illness or accident, I give my consent to receive medical attention. Also, I will not hold liable Akimel O'odham/Pee-Posh Youth Council or any of its agents, volunteers or other tribal programs involved in this event.

Signature of Participant Date

MEDICAL AUTHORIZATION AND LIABILITY RELEASE

If the participant is a minor, a parent or legal guardian must sign this form. I hereby approve the participation of my son/daughter in the Gila River Close Up Program. In the event of illness or accident, I give my consent for him/her to receive medical attention. Also, I will not hold liable the Akimel O'odham/Pee-Posh Youth Council or any of its agents, volunteers or other organizations involved in this event.

Signature of Parent or Guardian Date

PHOTO RELEASE

I hereby authorize Akimel O'odham/Pee-Posh Youth Council, hereafter referred to as "Youth Council," to publish photographs taken on April 15-17, 2019 of myself and/or the minor child or children listed below, and our names and likenesses, for use in the "Youth Council" print, online and video-based marketing materials, as well as other organization publications and reports.

Signature of Parent or Guardian Date

Signature of Participant Date