

# GRIC Summer Youth Camp Registration Form

**2019 Camper Information:**

**Camp:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

GRIC Tribal # \_\_\_\_\_ District: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*\*Physical address is required\*\*

**Parent/Guardian and Emergency Contact:**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Main Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Email (Required for camp confirmation): \_\_\_\_\_

**Additional Emergency Contact if Parent/Guardian cannot be reached:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

**Camper Medical Information:**

Please list any allergies, disorders, or medical ailments that may require special maintenance, attention, or medication (ie. Diabetic, asthmatic, A.D.H.D, Autism, etc.) or

Medical Diagnosis: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Is there anyone that is not able to pick up your child? Y/N If answered yes please provide name of person or persons.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I verify that all the above information is accurate. In the event of a serious/or life threatening illness or injury occurring to my child, I hereby give my consent for medical or dental care deemed necessary by attending physician or dentist.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Gila River Indian Community

Office of the Treasurer  
Finance Department  
Post Office Box # 2160  
Sacaton, Arizona 85247-2160  
(520) 562-2500  
(520) 562-1070 (fax)

The person signing below hereby:

1. Acknowledges that the Gila River Indian Community (the "Community") is a federally recognized Indian tribe and that the seven (7) Districts (the "Districts") within the Community are tribal governmental bodies of the Community;
2. Acknowledges that the Community the Districts are protected by the doctrine of tribal sovereign immunity, are not subject to suit by the undersigned, and that the Community and Districts have not waived their immunity from suit with respect to any claims, demands, or causes of action asserted by the undersigned;
3. Acknowledges that the person participating in the trip (the "trip") described below either is not employed by the Community or any of the Districts or is participating in the trip for reasons unrelated to such employment;
4. In consideration and acceptance of the planned trip to and from designated camp location and Sacaton, AZ and all places in between the trip, the undersigned hereby releases, waives, and discharges the Community and the Districts, their officers, elected officials, employees, authorized agents, and representatives from any and all responsibility, claims, demands, and causes of action, including those causes of actions arising directly or indirectly from personal injuries or property damage sustained or incurred in connection with the trip.
5. The foregoing release, waiver, and discharge shall be effective and enforceable: (a) notwithstanding the fact that the Community or the Districts may pay all or part of the undersigned travel expenses or reimburse the undersigned for all or part of such expenses and; (b) notwithstanding any negligent acts or omissions of the part of the Community, the Districts, their officers, elected officials, employees, or authorized agents or representatives.
6. The person signing below acknowledges that he/she has carefully read this Acknowledgment and Release, that he/she understands all of its terms, and the he/she signs below voluntarily on his/her own behalf or on behalf of his/her minor child or ward for whom he/she signs as lawful guardian.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

If applicable, print name of your child or  
Ward participating in the trip.

\_\_\_\_\_  
Name of child or ward

Dated: \_\_\_\_\_

\_\_\_\_\_  
Witness



# ALL NATIVE ELITE CAMPS

## Registration Form

***(PLEASE PRINT NEATLY)***

Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

GPA: \_\_\_\_\_

Position: \_\_\_\_\_

Club Basketball Team: \_\_\_\_\_

Coaches Name: \_\_\_\_\_

Coaches Contact #: \_\_\_\_\_

### **CONTACT INFO:**

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Tele: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

e-mail: \_\_\_\_\_

Parents Name: \_\_\_\_\_

### **Awards & Accomplishments:**

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# ALL NATIVE ELITE CAMP

## WAIVER AND RELEASE FORM

**\*\*\*WAIVER AND RELEASE FORM MUST BE FILLED OUT TO PARTICIPATE\*\*\***

MAKE SURE AND ABIDE BY THIS RULE IN ORDER TO AVOID PARTICIPANT FROM NOT BEING ABLE TO PARTICPATE.

-EVERY PARTICIPANT MUST HAVE A COMPLETELY FILLED OUT APPLICATION.

-MAKE SURE PARENT/LEGAL GUARDIAN AND PARTICPANT SIGN.

-COACHES ARE NOT ALLOWED TO SIGN FOR PARTICIPANT, UNLESS COACH IS LEGAL GUARDIAN OF PARTICIPANT.

-WAIVER & RELEASE FORMS WILL BE DUE AT CHECK-IN.

## **PARTICIPANT WAIVER & RELEASE**

Please read and sign below indicating that you understand and agree to the following terms and conditions.

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the ALL NATIVE ELITE CAMP, Mo'Ballin Training, Native Edge Sports, the promoters, other participants, organizers, partners, volunteers, operators, officials, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers, employees, and agents (collectively referred to as "ANEC and Others") from any and all present or future claims that may be made by the undersigned or the undersigned's personal representative, assigns, heirs, or next of kin, for property damage, personal injury, or wrongful death arising from, or as a result of, or in connection with Participant's participation in the All Native Elite Camp-sponsored program or event ("Event"), whether caused by the negligence of All Native Elite Camp and Others or otherwise.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS ANEC and Others from any loss, liability, damages, or costs relating to any claims arising from, or as a result of, or in connection with Participant's participation in the Event.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE arising from, or as a result of, or in connection with Participant's participation in the Event. The undersigned understands and agrees that ANEC and Others are not responsible for any injury or property damage arising from, or as a result of, or in connection with the Event, even if caused by the negligence of ANEC or Others or otherwise.
4. THE UNDERSIGNED EXPRESSLY ACKNOWLEDGES AND AGREES THAT THE ACTIVITIES AT THE EVENT INVOLVE THE RISK OF SERIOUS BODILY INJURY, DEATH, OR PROPERTY DAMAGE. THE UNDERSIGNED IS VOLUNTARILY PARTICIPATING, OR VOLUNTARILY ALLOWING PARTICIPANT TO PARTICIPATE, IN THE EVENT WITH KNOWLEDGE OF THE DANGER INVOLVED AND WITH THE WILLINGNESS TO ACCEPT ALL RISKS OF SUCH PARTICIPATION.
5. THE UNDERSIGNED EXPRESSLY AGREES THAT THIS release, waiver, and indemnification agreement is intended to be and shall be interpreted, construed, and governed by the laws of the State of Arizona. The undersigned expressly consents to the exclusive jurisdiction and venue of the appropriate state or federal court located in Maricopa County, State of Arizona, over disputes arising under or relating to this release, waiver, and indemnification agreement. The undersigned agrees that this release, waiver, and indemnification agreement is intended to be interpreted as broad and inclusive as is permitted by the law of the State of Arizona, or the law of such other jurisdiction that may adjudicate any dispute arising out of or relating to this Agreement, if other than Arizona, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

6. THE UNDERSIGNED HEREBY AGREES TO ALLOW ANEC AND OTHERS use Participant's name and likeness free of charge in any manner and for any purpose, without compensation to Participant or the undersigned, and RELEASES ALL RIGHTS TO ALL PHOTOS, VIDEO, OR OTHER MEDIA TAKEN for use, re-use, publishing, re-publishing the same in whole or in part, individually or in conjunction with other such media, in any medium and for any purpose whatsoever, including, but not limited to, illustration, promotion, advertising and trade, and to use Participant's name in conjunction therewith.

7. THE UNDERSIGNED AGREES to allow ANEC and Others to contact me regarding any ANEC-related programs or event.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

**I HAVE READ, UNDERSTAND, AND AGREE TO BE BOUND BY THE ABOVE WAIVER & RELEASE.**

**Participant Name:** \_\_\_\_\_  
(Please print clearly)

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(All Participants)

**Parent and/or guardian name:** \_\_\_\_\_  
(If participant is under age 18) (Please print clearly)

**Parent or guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_