



2018 History Camp Application

PARENT / LEGAL GUARDIAN #1: (Birth date is required for security purposes)

Name: _____
 First Middle Last Suffix

Mailing address: _____
 Street City County State ZIP

Physical address: _____
 Street City County State ZIP

Same as Mailing

Birth date: _____ Gender: Male Female Authorized for pick-up? Yes No

Phone: Home: (____) _____ Cell: (____) _____ Email: _____

Relationship: _____ Employee of the Chickasaw Nation? Yes No

PARENT / LEGAL GUARDIAN #2: (Birth date is required for security purposes)

Name: _____
 First Middle Last Suffix

Mailing address: _____
 Street City County State ZIP

Physical address: _____
 Street City County State ZIP

Same as Mailing

Birth date: _____ Gender: Male Female Authorized for pick-up? Yes No

Phone: Home: (____) _____ Cell: (____) _____ Email: _____

Relationship: _____ Employee of the Chickasaw Nation? Yes No

Child / camper information: (Please complete this page again if more than one child)

Name: _____
 First Middle Last Suffix

Mailing / physical address is the same as parent / legal guardian(s): Both #1 #2 **OR**

Mailing address: _____
 Street City County State ZIP

Physical address: _____
 Street City County State ZIP
 Same as Mailing

Gender: Male Female Birth date: _____ Age: _____

Select one: (Note: First preference given to Chickasaw tribal member – please include copy of tribal membership)

- Chickasaw tribal member Child of Chickasaw employee Chickasaw family
 Other Native American if yes, tribe: _____ Non-native

School name: _____ City: _____ Grade: (attending in fall) _____

T-shirt size: Youth 10/12 14/16 Adult: Small Medium Large XLarge XXLLarge

Please list medication your child is currently taking (dosage and schedule):

Please list any over-the-counter medications that you give us permission to give to your child:

Please list any food allergies your child has that staff / employees need to be aware of:

Emergency contact information:

Name: _____
 First Middle Last Suffix

Relationship: _____ Email: _____

Phone: Home: (____) _____ Cell: (____) _____

Person(s) authorized for pick-up: (other than parent / legal guardian)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I will hold harmless the Chickasaw Nation, its affiliates, officers, employees, representatives and assigns from any and all liability, claims, suits, demands, losses, damages caused by or arising out of or resulting from my child's participation in CNMHS History Camp activities. I understand my child could be photographed, recorded, filmed and/or videotaped by employees or agents of the Chickasaw Nation. I hereby grant my permission for such use on behalf of my child.

Applicant / child's name (please print) Parent/legal guardian signature Date signed