



## 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