



the
**Chickasaw
Nation**

Department of Community Services / Aging Division

208 West Lillie Boulevard / Madill, OK 73446 / (580) 795-9790 / Fax: (580) 795-9791 / Email address: Aging@Chickasaw.net

Bill Anoatubby
Governor

Chickasaw Elders Conference Registration

June 5-6, 2024

*WinStar World Casino and Resort
Thackerville, Oklahoma*

Applicant information:

Name: _____
First Middle Last Suffix
Preferred name: _____ Birth date: _____ Age: _____ Gender: ☐ Male ☐ Female
Mailing address: _____
Street City State ZIP
Physical address: _____
Street City State ZIP
Home phone no.: (____) _____ Cell phone no.: (____) _____
Email address: _____
Citizenship ID no.: _____
Married: ☐ Yes ☐ No Will spouse attend the conference? ☐ Yes ☐ No
If yes, please list your spouse's name: _____
Spouse birth date: _____ Spouse phone no.: (____) _____
I agree to attend all conference sessions: ☐ Yes ☐ No If no, reason: _____

Senior center/group: (please check one)

☐ Ada Senior Center ☐ Ardmore Senior Center ☐ Connerville Senior Center ☐ Duncan Senior Center
☐ Kullihoma Senior Center ☐ Madill Senior Center ☐ OKC Senior Center ☐ Panola Senior Center
☐ Pauls Valley Senior Center ☐ Purcell Senior Center ☐ Sulphur Senior Center ☐ Tishomingo Senior Center
☐ Tuttle Elders ☐ At large (outside Chickasaw Nation treaty territory) ☐ Do not attend a senior center or group

Hotel room preference: (preference assigned based upon availability)

☐ Single ☐ Double ☐ Handicap accessible
Roommate requested (spouse or other elder): _____

Emergency contact information:

Name: _____ Relationship: _____
Email address: _____ Phone no.: (____) _____

Acknowledgment:

I, a participant, and on behalf of my spouse, if attending, understand and acknowledge that alcohol is not permitted at any Chickasaw Nation function and as a representative of the Chickasaw Nation, I am not allowed to consume alcohol while attending the elders conference.

Signature _____ Date _____

Spouse signature (if applicable) _____ Date _____

Photograph consent and release:

I, a participant, and on behalf of my spouse, if attending, grant permission to the Chickasaw Nation, its officers, employees, or agents to photograph, record, film, and videotape me or my spouse as part of my participation in the elders conference. Such materials will be the sole property of the Chickasaw Nation and I will have no right or title to such items or their use. I hereby release the Chickasaw Nation from any and all liability arising from or in connection with the taking, use, publication, or dissemination of such materials now or in the future.

Liability release:

I, a participant and on behalf of my spouse, if attending, do hereby release the Chickasaw Nation, its officers, employees, or agents of any liability in the event of accidental injury, illness, or death, to myself or my spouse during the term of the elders conference.

- ☐ By checking this box, you are authorizing the Chickasaw Nation to include the contact information provided above, along with a photo, in directories provided to conference participants. Consent is voluntary and declining to check this box does not in any way limit participation in the conference.

Medical conditions information:

Are there any existing medical conditions that the staff/employees should be made aware of? ☐ Yes ☐ No
If yes, please explain: _____

Participant signature

Date

Spouse signature

Date

Return application by May 31, 2024, to:
The Chickasaw Nation Aging Division
208 West Lillie Boulevard
Madill, Oklahoma 73446
Fax: (580) 795-9791
Email address: Aging@Chickasaw.net
or to
your Chickasaw Nation Senior Center Manager