the Chickasaw Nation
Education Division
300 Rosedale Road / Ada, OK 74820 / Phone: (580) 421-7711
Email: NYCPPROGRAM@chickasaw.net

Chris Anoatubby
Governor

Native Youth Community Project (NYCP)
Grades 1-12

To complete this application, you must attach copies of the following:
* Tribal citizenship card (tribal citizenship card or 506 form accepted, if a member of other tribal affiliation)
* Most recent report card
* Signed parental consent and participant code of conduct forms

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Participant from: ☐ Pontotoc County ☐ Carter County

Participant's name: _____
First Middle Last Suffix

Address: _____
Street City State County ZIP

Home phone: (____)_____ Cell phone: (____)_____

Birth date: ___/ ___ / ____ Age: _____ Sex: (Check one) ☐ Male ☐ Female

T-shirt size: _____ Tribal affiliation: _____

School: _____ Grade entering: _____

Does the student have an Individual Education Plan / Special Education? ☐ Yes ☐ No

Parent/legal guardian name: _____
First Middle Last Suffix

Parent/legal guardian email address: _____ Birth date: _____ (for security purposes)

Parent/legal guardian work phone: (____)_____ Cell phone: (____)_____

Relationship to child: _____

Emergency contact: _____ Phone number: _____

Return applications via email to NYCPPROGRAM@chickasaw.net or mail to: Chickasaw Nation Native Youth Community Project, 300 Rosedale Road, Ada, Oklahoma 74820 or call 580-421-7711.

The NYCP Program and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder or any amendments thereto. The parties concur that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.

PARENTAL CONSENT

Please complete if participant is a minor

INCOMPLETE APPLICATION CANNOT BE PROCESSED

Please return this information to the Chickasaw Nation Native Youth Community Project, 300 Rosedale Road, Ada, Oklahoma 74820. (PLEASE PRINT)

Participant's name: _____
First Middle Last Suffix

Participant's address: _____
Street City State ZIP

Parent/legal guardian: _____
First Middle Last Suffix

Parent/legal guardian birth date: _____ (for security purposes) Cell phone: _____

I believe that my child is physically and mentally capable of participating in the programs offered by the Chickasaw Nation Education Division. Furthermore, I agree to indemnify and hold harmless the Chickasaw Nation, its employees and all personnel (including consultants) participating in or associated in any manner with these services from any claims of damages, liabilities, injury, expense or loss occurring from activities or travel associated with the education division programs.

In case of accident or need for emergency medical attention, I give permission to program staff to take my child to a doctor and/or emergency facility of the Chickasaw Nation's choice. It is understood that all expenses for treatment provided will be borne by the parent, guardian or child.

Please list all medication(s) your child is currently taking (dosage and schedule) and list of child's allergies:

Please list any over-the-counter medications that you give us permission to give to your child (Example: Tylenol, Motrin, Pepto-Bismol, etc.):

Furthermore, I give my permission for my child to travel with program staff and other participants to and from NYCP official events. I also give permission for program staff to access my child's grades and attendance from their school. I give permission for my child to engage in supportive counseling as indicated.

My permission is granted to the Chickasaw Nation, its agents or employees to photograph, record, film and videotape my child for future promotion of the education division programs and/or any Chickasaw Nation publications. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form.

I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights by offering and hosting these services.

_____ _____
Parent or legal guardian signature (if participant is a minor) Date

Native Youth Community Project
Grades 1-12

PARTICIPANT CODE OF CONDUCT

Please return this information to:
Native Youth Community Project
300 Rosedale Road
Ada, OK 74820

One of the primary goals of the Chickasaw Nation Native Youth Community Project is to provide a safe environment conducive to learning. Participants are expected to adhere to the Participant Code of Conduct while attending the meetings. Participants' behavior is expected to be cooperative with all the instructors as well as staff members, since all participants are under the supervision of the adults helping with this event.

The use of tobacco, alcohol or drugs in any form will not be allowed. Use of foul or abusive language, excessive horseplay, theft, misuse or abuse of public or private property or disrespect of other participants or staff members will not be tolerated. Violators are subject to being sent home. If violations of the code of conduct are deemed by the staff members to be less serious, the punishment will result in a reprimand and further violations may result in participants being sent home.

Realizing these guidelines are not "all inclusive," the Chickasaw Nation reserves the right to make adjustments to the code of conduct.

The reason for this agreement is to ensure conduct and behavior that will result in every participant receiving the full benefit of enjoyment and educational experiences from this event. It is not intended to place undue restrictions upon any individual.

Participant's printed name	Participant's signature	Date

Parent or legal guardian printed name (if participant is a minor)	Parent or legal guardian signature	Date

Parent or legal guardian phone number _____

Emergency Contact Information

Name of contact	Phone number

Relationship to child: _____

Form no. 04001NYCP CS-EDU 12/2018