



Chickasaw Nation Martial Arts Program

Indicate which martial arts school you will be attending:

Ada Ardmore Purcell Sulphur Tishomingo Virtual

Name: _____
First Middle Last Suffix

Nickname: _____ Birth date: _____ Gender: Male Female

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Email address: _____

Home phone no.: (____) _____ Cell phone no.: (____) _____

Emergency contact: _____ Emergency contact phone no.: (____) _____

Relationship to applicant: _____

Household members and authorized pickups:

Name (first, middle, last, and suffix)	Relationship to applicant	Tribal affiliation	Birth date	Pickup
Primary Payer				<input type="checkbox"/>
Secondary Payer				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Affiliation:

All monies will be paid to the instructor.

Check one:

Chickasaw Citizen: \$5.00 per month Pomiksa Chikasha Member: \$5.00 per month

Chickasaw Nation Employee: \$5.00 per month - Dept.: _____

Report cards or progress reports are required for K-12th grade. The most recent report card/progress report will be sufficient for grade documentation. Please attach a copy of your Chickasaw Nation citizenship card or employee badge.

See Reverse Side



Photograph Consent and Release

1. I hereby grant the Chickasaw Nation, its agents, and others working for it or on its behalf and their respective licensees, successors, and assigns (herein referred to as the Chickasaw Nation) the absolute right and permission to use, publish, reproduce, broadcast, and copyright my name, picture, likeness, or any material based upon or derived therefrom, or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the Chickasaw Nation.
2. I agree that my picture, likeness, or anything derived therefrom created by the Chickasaw Nation is owned by it. If I should receive any print, negative, or other copy, I will not authorize its use by anyone else.
3. I will 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.
4. I agree that this release does not in any way conflict with any existing commitment on my part.
5. I affix my signature below to this document with a full understanding of the statements contained herein and agree to be bound by such agreement from this moment on for the duration of my study with the Chickasaw Nation Martial Arts Program.

Waiver of Responsibility of Personal Injury and/or Liability

By the presence of this document, be it known to all that I _____, do hereby waive the right of holding responsible any person or individual connected with my instruction in the martial arts. The martial arts in the form will refer to any method, technique, or style about the instruction of a self-defense nature. Any injury occurring to me either by direct or indirect means through individual or interpersonal contact as a result of practice, instruction, or otherwise will be my sole responsibility. No individual including but not limited to, my instructor, assistant instructor, or other participants, will be held liable for any damages. I have read this entire form and it has been explained to me fully. Therefore, without coercion or duress, I affix my signature to this document with a full understanding of the statements contained herein and agree to be bound by such agreement from this moment on for the duration of my study with the Chickasaw Nation Martial Arts Program.

Nothing contained herein will be construed to waive the sovereign rights and immunities of the Chickasaw Nation, its officers, employees, or agents.

Student signature

Date

Parent/legal guardian signature

Date

Mail or email the completed form to:
Chickasaw Nation Youth Services
Attention: Matt Clark
231 Seabrook Road
Ada, OK 74820
MartialArts@Chickasaw.net