



**Junior Native Explorers Program**  
**Ages 6-18**  
**(Kindergarten-12th Grade)**

To complete this application, you must attach copies of the following:

- \*Chickasaw Nation citizenship card or citizenship of other tribal affiliation
- \*Most recent report card
- \*Signed parental consent and participant code of conduct forms

\*\*\*\*\*

Participant's name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
Street City State County ZIP

Home phone: (\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

T-shirt size: \_\_\_\_\_ Tribal affiliation: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering: \_\_\_\_\_

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: (\_\_\_\_) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Return applications via email to: [JuniorNativeExplorersProgram@chickasaw.net](mailto:JuniorNativeExplorersProgram@chickasaw.net) or mail to  
Chickasaw Nation Native Explorers Program, 300 Rosedale Road, Ada, Oklahoma 74820 or call 580-  
421-7711.

*The Chickasaw Nation Native Explorers 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.*



# Junior Native Explorers Program

## Ages 6-18

### (Kindergarten-12th Grade)

### PARENTAL CONSENT

Please complete if participant is a minor

### INCOMPLETE APPLICATION CANNOT BE PROCESSED

Please return this information to Junior Native Explorers Program, 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: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
(for security purposes)

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 this event 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 the official event.

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 this event.

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



# Junior Native Explorers Program

## Ages 6-18

(Kindergarten-12th Grade)

### PARTICIPANT CODE OF CONDUCT

Please return this information to:  
Junior Native Explorers Program  
300 Rosedale Road  
Ada, OK 74820

One of the primary goals of the Junior Native Explorers Program 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