

APHIS 2013 NATIVE AMERICAN SUMMER PROGRAM

Parental Release Form

I certify that my child, _____, who is enrolled with this agreement, is in excellent health, and may participate in strenuous physical activities associated with the APHIS Native American Summer Program.

I agree to defend, indemnify, and hold harmless USDA-APHIS and the selected university, its officers, servants, agents and/or employees, contractors, and insurers from any and all claims for injuries sustained by my child during his/her participation in this program.

Permission is hereby granted to the U.S. Department of Agriculture and Dinè College to use pictures and video(s) of my child in any promotional materials.

Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation in the Native American Summer Program activities, except as stated in writing, and included with the Health History/Emergency Medical Information Form.

I understand and acknowledge that the Native American Summer Program does not offer any medical insurance to protect against injuries, makes no claims to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk, and any related financial responsibility that could result from participation in any of these activities. I agree to assume any risk and financial responsibility.

Parent/Legal Guardian's Signature

Date

Approved OMB Control No:
0579-XXXX
Expiration Date: xx/xx/xxxx

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0579-XXXX. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Health History/Emergency Medical Information Form

Student's Full Name _____
(first) _____ (last)

Birthdate _____ Age _____

Address _____

Parent/Guardian's Name _____

Phone/Day _____ Phone/Evening _____ Phone/Mobile _____

Emergency Contact (if parent/guardian cannot be reached)

Name _____
(first) _____ (last)

Phone/Day _____ Phone/Evening _____ Phone/Mobile _____

Are any special needs or accommodations required? Yes ___ No ___

If yes, please specify _____

Are there any activities to be limited by student's physician? Yes ___ No ___

If yes, please specify _____

Any allergies? Yes ___ No ___

If yes, please specify _____

Any prescribed medication being taken? Yes ___ No ___

If yes, please specify _____

Any food/dietary restrictions? Yes ___ No ___

If yes, please specify _____

If selected to participate in the Native American Summer Program, you will be required to provide the following information:

- Copy of Immunization Record from physician or local health department
- Proof of health insurance coverage

I affirm that the information provided above is true to the best of my knowledge. The student herein described above has permission to engage in all activities relative to the 2013 APHIS Native American Summer Program, except as noted.

Parent/Legal Guardian's Signature

Date

APHIS 2013 NATIVE AMERICAN SUMMER PROGRAM APPLICATION

Student's Full Name			
Student's Address	Street		
	City	State	Zip Code
E-mail Address			
Date of Birth			
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>		
T-Shirt Size	Sm <input type="checkbox"/> Med <input type="checkbox"/> Lge <input type="checkbox"/> X-Lge <input type="checkbox"/> XX-Lge <input type="checkbox"/>		
School Name			Grade in Fall 2012
School Address	Street		
	City	State	Zip Code

Name of Parent/Guardian _____

Phone/Day _____ Phone/Evening _____ Phone/Mobile _____

If selected to participate in the Native American Summer Program, I promise to abide by the rules and regulations which govern the program, and to make proper use of the educational advantages offered. If, for any reason, I violate any part of this contract, I acknowledge I may be dismissed from the Native American Program, and sent home immediately.

I affirm that the information provided above is true to the best of my knowledge.

Student's Signature

Date

Parent/Legal Guardian's Signature

Date