



Osage Nation Financial Assistance Department
627 Grandview Avenue
Pawhuska, Ok 74056

2019 TSI-WAH-ZHU-PI WRESTLING CAMP

PARTICIPANT INFORMATION

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

(City) (State) (Zip)

Age: _____ Birthdate: _____ Grade: _____ Native American: YES NO

School Name: _____ T-Shirt Size: YS YM YL S M L XL

Any known food allergies: _____

How many years wrestled? _____ Weight: _____

- ☐ Beginner (first time or has had 1 year experience)
☐ Intermediate (wrestled 2-4 years)
☐ Advanced (wrestled more than 4 years)

PARENT INFORMATION

Parent/Guardian Name: _____

E-Mail: _____ Phone: _____

Mailing Address: _____
(City) (State) (Zip)

CONTACT IN CASE OF EMERGENCY

Name: _____

Phone: _____

Relationship: _____



Consent to Participate & Waiver

The 2019 Tsi WaZhuPi Wrestling Camp is scheduled for Saturday 8/17/19. This is a free event, lunch and a camp T-shirt will be provided for all camp participants. Parents may attend to observe the camp; however parents cannot interrupt the camp and are personally responsible for all expenses.

I hereby give my permission for _____ to participate in the activities in the 2019 Tsi WaZhuPi Wrestling Camp. In the event of illness or injury, I do hereby consent to any medical treatment and hospital care considered necessary in the best judgment of the attending physician or medical staff at the nearest facility.

I agree to hold the Osage Nation, Osage Nation employees, business vendors, contractors and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this event.

I acknowledge and assume all risks associated with the activities that my son/daughter will engage in. Further, I grant full permission for the Osage Nation and its programs and partners to use photographs, videos, and other types of recordings of myself or student in advertising, trade, or any commercial purpose in legitimate accounts and promotions of these activities. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the images.

By signing below, I acknowledge that I have read and fully understand this consent / waiver.

Signature of Participant

Date

Signature of Parent / Guardian

Date

Submit this form to financial-assist@osagenation-nsn.gov or fax to 918-287- 5593 by Friday 8/16/19, 4:30 am, in order to attend. Please call 918-287-5325 for any questions about this event.