



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Osage Nation Grow Gather Hunt Camp  
Registration Form**

The Grow Gather Hunt Camp will be held May 30<sup>th</sup>, 31<sup>st</sup>, and June 1<sup>st</sup> 2018. Camp registration is open to Native American boys and girls ages 10-14 living in Osage County. Camp will teach your child skills and lessons to stay healthy, make new friends, learn about Osage Culture, and have a fun filled camp experience. Camp will be held on the Osage Nation campus at the ponds. Sign in/drop off point will be near the entrance to the pond area. To participate, please fill out the form and attach copy of the child's Tribal membership card or CDIB card and mail to: Public Health Nursing, 1449 W. Main, Pawhuska, OK 74056 or email scanned form to [Jaime.clark@osagenation-nsn.gov](mailto:Jaime.clark@osagenation-nsn.gov). There are limited spaces available. Please return your campers' form **by May 23<sup>rd</sup>**. You will receive confirmation of campers' acceptance by **May 25<sup>th</sup> 2018**. If you have any questions, please contact Public Health Nursing at 918-287-5482.

**Child's Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender: Male  Female   
Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of May 30, 2018) \_\_\_\_\_  
Shirt size (circle one): \_\_\_\_\_ Child size – S M L Adult size – S M L XL 2X  
Tribal Affiliation: \_\_\_\_\_  
Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_



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**Alternate Pickup/Release** Please list those people who are permitted to pick up your child (*Only those listed will be allowed to pick up your child*):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Terms of Agreement**

**Photo Release**

I hereby give permission for my child to be photographed during the **Osage Nation Grow Gather Hunt Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that I will not receive any type of compensation and that all photos are the property of Osage Nation.

Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release**

I hereby give permission for my child to be transported for official **Osage Nation Grow Gather Hunt Camp** activities.

Parent's/Guardian's Initials \_\_\_\_\_



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**Medical Release Information**

Insurance Information:

Name of Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

If your child requires medication be dispensed while at camp, provide list of medications and check into camp nurse on the first day. Name of medications & dosage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a diagnosed allergy to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

The following non-prescription medications are commonly stocked in camp health centers and are used on as needed basis to manage illness and injury by the camp nurse. ***Cross off those items that the camper should not be given.***

- |  |                                      |
|--|--------------------------------------|
| Acetaminophen (Tylenol)                  | Mosquito repellent                   |
| Ibuprofen (Advil, Motrin)                | Calamine lotion                      |
| Phenylephrine (Sudafed)                  | Bismuth Subsalicylate (Pepto Bismol) |
| Chlorpheniramine maleate (antihistamine) | Laxatives (Ex-Lax)                   |
| Guaifenesin (Congestion relief)          | Hydrocortisone 1% cream              |
| Dextromethorphan (Robitussin, Delsym)    | Topical antibiotic Cream             |
| Diphenhydramine (Benadryl)               | Aloe                                 |
| Generic cough drops                      | Sun screen                           |
| Chloraseptic spray                       | Epipen (Epinephrine injection)       |



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**IN CASE OF AN EMERGENCY, AND IF A FAMILY PHYSICIAN CANNOT BE REACHED, I HEREBY AUTHORIZE MY CHILD TO BE TREATED BY LICENSED MEDICAL PERSONNEL (I.E. NURSE, EMT, AND/OR PHYSICIAN).**

Parent/Guardian Signature: \_\_\_\_\_

**I UNDERSTAND THAT I WILL BE NOTIFIED IN THE CASE OF A MEDICAL EMERGENCY INVOLVING MY CHILD. IN THE EVENT THAT I CANNOT BE REACHED, I AUTHORIZE THE OSAGE NATION TO CONTACT A DOCTOR AND FOR MY CHILDREN TO RECEIVE ANY NECESSARY MEDICAL SERVICES IN THE EVENT MY CHILD IS INJURED OR BECOMES ILL. I UNDERSTAND THE OSAGE NATION SHALL NOT BE RESPONSIBLE FOR THE MEDICAL EXPENSES INCURRED AND ANY SUCH EXPENSES SHALL BE MY RESPONSIBILITY AS PARENT/GUARDIAN.**

Parent's/Guardian's Initials \_\_\_\_\_

**In case of medical emergency contact (In order of priority):**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			



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**WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**

**Osage Nation Grow Gather Hunt Camp**

1. In consideration for participating in the Osage Nation’s Grow Gather Hunt Camp, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE OSAGE NATION**, their officers, agents, volunteers, and employees (hereinafter referred to collectively as the “Osage Nation”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me. **WHETHER CAUSED BY THE NEGLIGENCE OF THE OSAGE NATION** or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the unusual risk involved and hazards connected with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity, **WHETHER CAUSED BY THE NEGLIGENCE OF THE OSAGE NATION OR OTHERWISE.**
3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE OSAGE NATION** from any loss, liability, damage or costs, including court costs and attorney fees, that the Osage Nation may incur due to my participation in said activity, **WHETHER CAUSED BY NEGLIGENCE OF THE OSAGE NATION** or otherwise.
4. It is my express intent that this Waiver of Liability and Indemnification Agreement bind myself and the members of my family and spouse, if a I am alive, and my heirs, assignees and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE THE OSAGE NATION.**
5. I hereby further agree that this Waiver of Liability and Indemnification Agreement shall be governed and construed in by the laws of the Osage Nation; and the venue of any dispute shall be within the exclusive jurisdiction of the Osage Nation Trial Court.
6. **BY SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT** I have read the foregoing Waiver of Liability and Indemnification Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement have been made; and I am at least eighteen (18) years of age and/or the Parent or Legal Guardian of the minor participant; if Participant is under the age of eighteen (18), Parent/Legal Guardian consents to the minor’s participation in the event; consents for the Osage Nation to seek reasonable and necessary medical treatment for Participant during such or associated activities; and agrees to be responsible for any cost of such treatment. I acknowledge and execute this Release for full, adequate and complete consideration, fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

Name of Participant (print): \_\_\_\_\_

Name of Parent/Legal Guardian (if applicable): \_\_\_\_\_

Signature of Participant or Parent/Legal Guardian: \_\_\_\_\_