



# Osage Nation Summer Camp

## Skills Clinic 2019

### Registration Form

**PAWHUSKA**

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Native American: YES NO Tribe: \_\_\_\_\_

T-shirt size YXS YS YM YL AS AM AL AXL

Medical conditions: \_\_\_\_\_

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

Cell: \_\_\_\_\_

As the above Parent/Guardian of the above child, I hereby agree to accept full and complete responsibility for all medical or other expenses necessary as a result of an injury during the Skills Clinic. The undersigned also agrees to release Osage Nation, Pawhuska Public Schools, counselors & all staff from any/all liabilities or accidents that might occur due to participation in the clinic activities. I hereby authorize the staff of Osage Nation Summer Camp Basketball Clinic to act for my child according to their best judgment in any emergency requiring medical attention.

Signature(s) of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_