

CHEROKEE NATION
CULTURAL RESOURCE CENTER
CULTURAL IMMERSION DAY CAMP
Registration Form
(Please Print)

Child's Name: _____ Home Telephone: _____

Home Address: _____

Tribal Membership # or provide a copy of child's CDIB: _____

Work Telephone: _____ Age: _____ Male: _____ Female: _____

Date of Birth: _____ Wt: _____ Ht: _____

Grade/FALL 2007 : _____ School: _____

In case of an emergency, name of person to contact:

Name: _____ Day Phone # _____

Name: _____ Day Phone # _____

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MEDICAL HISTORY

++All information will remain confidential++

Family Physician: _____ Telephone # _____

Address: _____ City: _____ State: _____ Zip: _____

HEALTH HISTORY

Child/Youth requires the following regular medications or special diet:

Please Initial below

____ **PHOTO/MEDIA RELEASE**

The Cherokee Nation Cultural Resource Center, Cherokee County, Cultural Immersion day camp “June 4th – June 29th, 2007” and persons acting for or through them, the right to use, reproduce, assign and/or distribute photographs, films, video tapes and/or sound recordings of myself or my child for use in material they may create for the purpose of promotion.

____ **FIELD TRIP PERMISSION**

I give permission for my child to take the scheduled field trip(s) during the day camp.

____ **EMERGENCY MEDICAL/DENTAL CONSENT**

I give permission for the Cherokee Nation Cultural Resource Center to have my child treated for any medical/dental emergencies that are necessary while attending the day camp.

____ I have read the information about the Cherokee Nation Cultural Immersion Day Camp and give permission for my child _____ to attend the camp **June 4th – June 29th, 2007** in Tahlequah, Oklahoma 1-4 – Cherokee Elementary School

Signature of Parent/Guardian

Date

Signature of Witness

Date