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CHEROKEE NATION®

TsaLaGi Cultural Center
2010 Summer Cultural 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 2010 : _____ 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**

I give permission for the Cherokee Nation TsaLaGi Cultural Center, 2010 Summer Cultural Camp, starting June 14-18, 2010 at Maryetta School, Stilwell, Oklahoma 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 2010 Summer Cultural Camp and give permission for my child _____ to attend the camp.

Signature of Parent/Guardian

Date

Signature of Witness

Date

APPLICATION DEADLINE

May 21, 2010

**Mail applications to:
Cherokee Nation, TsaLaGi Cultural Center, P.O. Box 948, Tahlequah, Oklahoma 74465**

or

Fax to: 918-458-6172

or

e-mail to: eva-vanwinkle@cherokee.org