



# APPLICATION FOR MEMBERSHIP

Thank you for your interest in the Choctaw Nation's Premier Leadership program. Please provide the following information so we can consider your membership request.

## **PERSONAL INFORMATION**

Applicant's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name of School \_\_\_\_\_ Current Grade \_\_\_\_\_ Grad Year \_\_\_\_\_

Gender  Male  Female Race \_\_\_\_\_ Shirt Size \_\_\_\_\_

Tribe  Choctaw  Other \_\_\_\_\_  N/A

Ethnicity  Hispanic or Latino  Non-Hispanic or Latino

Parent/Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Referring member's name (if applicable) \_\_\_\_\_

Why do you want to become a member of the Choctaw Nation Youth Advisory Board? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student Signature \_\_\_\_\_



# Choctaw Nation

Youth Advisory Board

# CONSENT FORM

Parent/Guardian: I understand that in signing this form, I am giving permission for my student \_\_\_\_\_ to participate in all activities and events of the Choctaw Nation Youth Empowerment, Youth Advisory Board, hereinafter referred to as YAB in this form.

1. I understand that YAB advisors will initiate any necessary medical attention to my student should the need arise. This includes rendering first aid and authorizing medical or hospital treatment as deemed necessary. I understand that I will be contacted immediately.
2. I understand that YAB will not be responsible for any theft, injury or illness where my student is concerned.
3. I release YAB from any damages or liabilities caused by other persons or parties including, but not limited to: liability or illness, injury or accident, lost, stolen, or damaged property, or other risks that are not specifically foreseeable which may occur during my student's participation in any activities of YAB.
4. I understand that my student is required to adhere to the YAB discipline policy.
5. I give consent for my student to be photographed or videoed while participating in activities and events of YAB. Said photographs/video may be used in media promotion for YAB and the Choctaw Nation.
6. I give consent for my student to be picked up from school by the YAB advisor for activities and events.

Certificate of Indian Blood  Yes  No Tribe \_\_\_\_\_

I have read, understand and agree with the above terms

Parent/Legal Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

Parent/Legal Guardian Email \_\_\_\_\_ Student Email \_\_\_\_\_



**Choctaw Nation**

Youth Advisory Board

# MEDICAL FORM

## **EMERGENCY CONTACT AND INFORMATION**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

## **MEDICAL INFORMATION**

Does your student have any medical concerns that we need to be aware of?  Yes  No

If yes, please list: \_\_\_\_\_

If your student requires medication, all ongoing prescriptions will need to be dispensed by the Choctaw Nation Youth Empowerment Staff. Does your student take any prescriptions?  Yes  No

If yes, please list, including dosage and frequency: \_\_\_\_\_

Does your student have any allergies?  Yes  No If yes, please list: \_\_\_\_\_

The projects sometimes involve physical activity. Are there any concerns with your student participating?

Yes  No

If yes, please explain in detail: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

Parent/Legal Phone \_\_\_\_\_ Student Phone \_\_\_\_\_