



STUDENT APPLICATION

Foundation | 6947 Coal Creek Pkwy #450, Newcastle WA 98059 | (206) 769-4841

NATIVE AFFILIATION:

(Native American/Alaska Native, First Nations, Samoan, Native Hawaiian, Pacific Islander)

STUDENT INFO

NAME: first last

BIRTH DATE: / /

STREET ADDRESS:

GENDER:

CITY:

STATE:

ZIP CODE:

GRADE

SCHOOL NAME:
(just completed)

SCHOOL NAME:
(entering - if different)

PARENT/GUARDIAN

NAME: first last

RELATIONSHIP:

PRIMARY PHONE: () -

CELL PHONE: () -

EMAIL:

PARENT/GUARDIAN

NAME: first last

RELATIONSHIP:

PRIMARY PHONE: () -

CELL PHONE: () -

EMAIL:

MEDIA RELEASE

I, THE UNDERSIGNED, DO HEREBY GRANT OR DENY PERMISSION TO THE MACK STRONG TEAM-WORKS FOUNDATION, SKOKOMISH TRIBE & SQUAXIN ISLAND TRIBE, TO USE THE IMAGE OR LIKENESS OF MY DEPENDENT _____ AS MARKED BY MY SELECT BELOW:

I give unrestricted permission for my child's image to be used in print, video, and digital medial. I agree that these images may be used by the above organizations for a variety of purposes to promote their work and cause without further notification

I DENY permission to use my child's image/likeness

REGISTRATION DETAILS

REGISTRATION DEADLINE - FRIDAY, AUGUST 24, 2012

* Each application needs to be completely filled out and signed by a parent or guardian

* Submit application by fax: 206.973.2292 or email: robin@teamworksacademy.org

PARENT/GUARDIAN NAME (please print): first last

SIGNATURE: _____ DATE: / /



ACTIVITY AUTHORIZATION FORM

I, _____, AS PARENT/LEGAL GUARDIAN OF _____
HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN PROGRAM ACTIVITY ON AUGUST 28, 2012.

In granting this permission, I hereby waive all claims, to the extent permitted by law, against Mack Strong TEAM-WORKS foundation, its board of directors, officers, employees, agents affiliates, members, sponsors and promoters, as well as their respective directors, officers, employees, and agents and/or other persons or entities who lead or direct this activity (hereinafter collectively known a "Mack Strong TEAM-WORKS foundation and its Sponsors"), in the event my son/daughter is injured or becomes ill, or in the event of accident or death occurring, during or by reason of the activity or excursion. By signing this release, I intend to exempt and relieve the persons and entities mentioned above from liability of personal injury, property damage, or wrongful death caused by negligence.

Should it be necessary for my son/daughter to receive medical attention/treatment while participating in this activity, I hereby give permission for the person(s) leading or directing this activity, to use their best judgment obtaining medical attention/treatment for my son/daughter. I further give permission to the physician/medical professional that is selected by the person(s) leading or directing this activity, to render medical attention or administer medical treatment as that physician/medical professional deems appropriate and necessary. I also give permission for the person(s) leading or directing this activity to use their best judgment to otherwise render any assistance (i.e. first aid, CPR, etc.) to my son/daughter in the event of injury or illness.

I understand that Mack Strong TEAM-WORKS foundation and their Sponsors, or any person(s) leading or directing this activity have no insurance coverage for medical or hospital costs for my son/daughter, which are associated with injury or illness occurring in the course of this activity. Therefore, any costs incurred for such medical attention/treatment shall be my sole responsibility.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE, HAVE BEEN FULLY AND COMPLETELY ADVISED OF THE POTENTIAL DANGERS INCIDENTAL TO ENGAGING IN THE ACTIVITY, AND AM AWARE OF THE LEGAL CONSEQUENCES OF SIGNING THIS RELEASE.

PARTICIPANT'S NAME:

PARENT/GUARDIAN SIGNATURE: _____

PARTICIPANT'S MEDICAL INSURANCE CARRIER:

PLEASE LIST ANY MEDICAL NEEDS OR CONCERNS IMPORTANT TO THIS ACTIVITY:
(allergies, special conditions or limitations, special medication, etc.)