



Salt River Pima Maricopa Indian Community

10005 East Osborn Road Scottsdale, AZ 85256/Phone: 480-362-7627 Fax: 480-362-7593

Date _____

Name: _____ M F

DOB _____ Age _____ Shirt Size _____

Phone (home): _____

Cell: _____

E-mail: _____

S.R. I.D. Number: _____

Mailing Address: _____

Street _____ City _____ State _____ Zip Code _____

Residential Directions/Description of Home

School attending _____ Grade _____

Graduation Year: _____ School's main phone number _____

School Address: _____

City _____ State _____ Zip _____

List Clubs and/or Organizations where you are currently a member

_____ _____

_____ _____

I give permission for my child to participate in Youth Council activities.

Parent/Guardian Signature/Participant if over 18

Date

Youth Council Staff

Date

** This information will be on file for the duration of membership and updated upon elections of each year. Please notify staff with changes at any time**



PARENT / EMERGENCY CONTACT INFORMATION

Parent/Guardian Name: _____

Relationship to child: _____

Phone number (home): _____

Phone number (work): _____

Phone number (cell): _____

Email: _____

Address: _____
Street City State Zip Code

Parent/Guardian Name: _____

Relationship to child: _____

Phone number (home): _____

Phone number (work): _____

Phone number (cell): _____

Email: _____

Address: _____
Street City State Zip Code

Please list two emergency contacts, NOT including parent/guardian(s):

Emergency contact 1:

Name: _____

Relationship to child: _____

Phone number: _____

Emergency contact 2:

Name: _____

Relationship to child: _____

Phone number: _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I, _____, as the parent / legal guardian hereby grant permission for _____ to attend/participate with the Young River People's Council.

I, _____, as an active member understand and commit to attend/participate with the Young River People's Council.

In the event of an emergency, accident or illness, I authorize the Office of Congressional and Legislative Affairs Staff and/or appointed chaperone(s) to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I, the parent/legal guardian, will be responsible for payment.

I have read, understand, and consent to this agreement.

Signature of Participant

Date

Parent/Guardian Signature/Participant if over 18

Date

Health Insurance Provider

Primary's Name

Insurance Policy #

Preferred Hospital

The following information will be conveyed with medical personnel in the event emergency medical care is required. List all known allergies. Describe the reaction and management of the reaction Use the back of the sheet if necessary.

Medication allergies: *(i.e. Reactions to medicine)*

Food Allergies: *(list all known)*

Other Allergies: *(list) include insect stings, hay fever, asthma, etc.*

List Medication: *Include over-the-counter or nonprescription drugs taken routinely*

This person takes NO medication on a routine basis _____

This person takes medication as follows:

Med # 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____



Med # 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Medical conditions/ special directions:

Comments/ Notes:

PERMISSION AUTHORIZATION



_____ has my permission to attend and participate in bi-weekly Young River People's Council meetings as well as planned and approved events.

It is my understanding that my child must abide by the Code of Ethics and Code of Conduct while participating in any activity sponsored by the Young River People's Council.

I also understand that the Code of Ethics and Code of Conduct includes proper conduct at all times, respect of authority, prohibits destruction of property, prohibits the use of alcoholic beverages, drugs, etc. and will abide by all standers set forth.

In addition, I understand that if transportation is provided to my child by the Young River People's Council Staff they will prohibit participants from arranging alternative means of transportation. If alternative means of transportation is required parental/guardian and Young River Peoples Council Staff approval is required.

I further understand that the Young River Peoples Council, staff, and the Salt River Pima-Maricopa Indian Community are not responsible, for actions not in keeping of the Code of Ethics and primary purpose of travel.

Comments:

I have read, understand and agree with the provisions herein

Parent/Guardian Signature/Participant if over 18

Date