



YOUNG RIVER PEOPLE'S COUNCIL

Representing the youth of the Salt River Pima-
Maricopa Indian Community

Salt River Pima-Maricopa Indian Community

Youth Services Department

Young River People's Council

Registration Packet (Ages 13-21)

11725 E. Indian School Road Scottsdale, AZ 85256

Main Phone: (480) 362-6390 | Fax: 480-362-7622

YOUTH INFORMATION

Full Name: _____

Date of Birth ____ / ____ / ____ S.R. I.D. Number: _____

Gender ☐ Male ☐ Female Shirt Size: _____

Home Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Email: _____

School Attending: _____ Grade: _____

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

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____

Relationship to youth: _____ Cell Phone Number: _____

Email: _____ Work/Message Phone: _____

Address: _____
Street City State Zip Code

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____

Relationship to youth: _____ Cell Phone Number: _____

Email: _____ Work/Message Phone: _____

Address: _____
Street City State Zip Code

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

EMERGENCY CONTACT 1

Name: _____ Relationship to Youth: _____

Phone: _____ Work/Cell Phone: _____

EMERGENCY CONTACT 2

Name: _____ Relationship to Youth: _____

Phone: _____ Work/Cell Phone: _____



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CONSENTS, WAIVERS, AND AUTHORIZATION

Photo/Video Release Consent

I give my consent to the SRPMIC Youth Services Department to photograph and/or video tape my child for the purpose of the program's publications, advertising the program, and/or publicity of the program/events/recognition.

Parent/Guardian/18+ Participant Initials _____

Release/Waiver of Liability

I hereby give my consent for my child participation in all activities sponsored by S.R.P.M.I.C Youth Services Department. I assume all risks and hazards incidental to such participation, including transportation to and from Youth Services program/activities. I hereby waive, release, absolve, indemnify and agree to hold harmless the S.R.P.M.I.C., its agents, servants, employees and volunteer participants from any and all claims arising out of injury to my child whether the result of negligence or any other cause, except to the extent and in the amount of coverage by accident or liability insurance.

Parent/Guardian/18+ Participant Initials _____

Medical Treatment

In the event of an emergency, accident, or illness, I authorize the Youth Services Department Staff and/or appointed chaperones 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.

Parent/Guardian Signature/ Participant over 18 Date

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:

MEDICAL INFORMATION

Medication, Food, and/or other allergies: ☐ Yes ☐ No

Is your child in need of medication while in programming? If yes, please explain ☐ Yes ☐ No

Do you have any other medical issues we should know about your child? ☐ Yes ☐ No
If yes, please explain



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AGREEMENTS

I, YOUTH NAME, as an active member understand and commit to attend/participate with the Young River Peoples Council.

YOUTH NAME has my permission to attend and participate in 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 Peoples Council.

We 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.

We have read, understand, consent, and have received copies of the Young River People Council's Code of Ethics, Code of Conduct, and Bylaws.

Copies of these documents can also be found at:

<https://www.srpmic-nsn.gov/government/youth/yrpc/#Forms>

Signature of Youth Participant

Date

Parent/Guardian Signature/ Participant over 18

Date