

CHICKASAW LIGHTHORSE POLICE YOUTH ACADEMY APPLICATION

YOUTH INFORMATION

Name:		
Date of Birth:	Phone:	
Home Address:		
City:	State:	ZIP Code:
Male Female (Please circle)	Tribal Affiliation:	
School Attending:	Grade in School:	
Adult T-shirt Size: (Please circle) S M L XL XXL		

PARENT OR LEGAL GUARDIAN INFORMATION

Parent or Legal Guardian Name:		
Parent Address: (If different than above)		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
E-mail Address:		

MEDICAL INSURANCE INFORMATION

Medical Insurance Coverage:		
Policy Owner Name:		
Policy ID Number:	Group ID Number:	
Does your child have a medical chart at the Chickasaw Nation Health System? (Please circle) Yes No	If yes, Chart Number:	

EMERGENCY CONTACT INFORMATION

Name of a Relative Not Residing With You:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

BRIEFLY EXPLAIN THE FOLLOWING

How did you hear about the Chickasaw Lighthorse Police Youth Academy?
How do you see yourself contributing to the safety and health of your community when you are an adult?
What are you doing now to reach those goals?
Why do you want to participate in the Chickasaw Lighthorse Police Youth Academy?

PHOTOGRAPH CONSENT AND RELEASE

1. I hereby grant the Chickasaw Nation, its agents and others working for it or on its behalf and their respective licensees, successors and assigns (herein referred to as the "tribe") the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived therefrom, or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the tribe.

2. I agree that my picture or likeness or anything derived therefrom created by the tribe is owned by it. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.

3. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form.

4. I agree that this release does not in any way conflict with any existing commitment on my part.

Participant Name (print):	Participant Signature:	Date:
Parent/Legal Guardian (print):	Parent/Legal Guardian Signature:	Date:

STUDENT PARTICIPATION AGREEMENT

I agree to represent the Chickasaw Nation while attending the **Chickasaw Lighthouse Police Youth Academy** in Ada, Oklahoma. I am applying to participate in the Chickasaw Lighthouse Police Youth Academy. Participation in this program requires my involvement in a variety of physical activities under harsh environmental conditions. Physical activity will include, but are not limited to, running, stretching, reaching, climbing, lifting, carrying, crawling, pulling and standing for long periods of time. Though I will not be fully participating in an entire physical training component, I will be required to be physically capable of performing the above mentioned activities. By signing below, I am stating that I am physically capable of performing the actions described above.

I agree that my participation is voluntary and failure to comply with instructions will terminate my participation. I must share in the responsibility for my personal safety and not endanger others who are participating in this academy.

Participant Name (print):

Participant Signature:

Date: