



Chikasha Hilha' Himitta' (Chickasaw Young Dancers) Application

Date of application: _____

Participant's name: _____
Last First Middle Suffix

Mailing address: _____
Street City State ZIP

Physical address: _____
 Same as Mailing Street City State ZIP

Home phone: (_____) _____ Participant's cell no.: (_____) _____

Email address: _____

Birth date: _____ Age: _____ Gender: Male Female

Allergies to medications or food: _____

Emergency contact name: _____

Emergency contact phone: (_____) _____

Please indicate shirt size:

Kid's Small Medium Large

Youth Small Medium Large

Adult Small Medium Large XL 2XL 3XL

Code of Conduct

While representing the Chickasaw Nation as a dance troupe member, the undersigned member will abide by the following standards and rules of conduct:

- Dance troupe members shall follow the directions of the cultural resources department designee.
- No dance troupe member shall make public or private statements or actions on behalf of the tribe on any matters concerning the Chickasaw Nation or its programs.
- Gossiping is detrimental to all team members and will not be tolerated.
- Use of alcohol and drugs is prohibited.
- No offensive language or images on clothing.
- No smoking in the vehicles.
- Derogatory language, harassing and bullying will not be accepted.
- Members receiving per diem are required to pay their own meal expenses.
- Regalia for performances will be determined by the appropriate delegate based on event.
- Members will be dressed and ready to perform in a timely manner. Members will adhere to the itinerary that has been established by the coordinator.
- Dance troupe members will remain respectful of individual and cultural diversity.
- Dance troupe members are to conduct themselves in a professional and positive manner at all dance troupe functions and events.
- Members will be on time for event departures.
- If members do not follow these guidelines they can be dismissed and will be asked not to attend practices, events or gatherings.

Violation of the Dance Troupe Code of Conduct may result in an individual being deemed ineligible to participate in dance troupe meetings and events.

Acknowledgements and Attestations

1. I understand that as a member of the dance troupe my child may be photographed, recorded, filmed and/or videotaped by employees of agents of the Chickasaw Nation for promotion of the dance troupe or in any publication of the Chickasaw Nation. I hereby grant my permission for such use on behalf of my child. I understand that by granting my permission neither I nor my child will have rights to approve any such image, video or recording. Further, neither I nor my child will not be due any additional compensation for the use of such image, video or recording. Neither I nor my child will be entitled to any other claims arising out of any uses of said image, video or recording.
2. I understand that the dance troupe may travel within the state of Oklahoma and out of state.
3. I will hold harmless the Chickasaw Nation, its affiliates, officers, employees, representatives and assigns from any and all liability, claims, suits, demands, losses, damages caused by or arising out or resulting from my and my child's participation in dance troupe activities.
4. I understand and acknowledge that as a member of the dance troupe, my child is an ambassador of the Chickasaw Nation. I understand and acknowledge that my child's failure to abide by the code of conduct located on Page 1 of this document could result in his ineligibility to participate in the dance troupe or his dismissal from the dance troupe.

Signed on this _____ day of _____, 20__.

Print dance troupe applicant name

Signature of parent/ legal guardian

Parent Consent Form Medical Permission

I am the parent/legal guardian of _____, a minor child. I hereby give my consent and approve of the participation of my child in the Chickasaw Nation Dance Troupe.

In the event my child should require medical attention, I hereby grant my permission to the Chickasaw Nation Cultural Resources employees to seek medical attention for my child and consent to my child receiving medical attention during any event in which the troupe is participating. I acknowledge that the Chickasaw Nation, its employees, associates, or agents are not liable for any act leading up to, or arising from such an event.

Signature of parent/ legal guardian

Date

Phone

Witness signature

Witness printed name

Emergency contact

Phone

Current medications (please list): _____

Known allergies (food, medication, latex, etc.) (please list): _____
