



# the Chickasaw Nation

## Department of Culture and Humanities / Arts and Humanities Division Performing Arts

201 North Broadway / Ada, OK 74820 / (580) 272-5520 / Email address: [Performance@Chickasaw.net](mailto:Performance@Chickasaw.net)

Bill Anoatubby  
Governor

## 2025 Youth Theatre Performance Classes Application

Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Affiliation: (Please select **one** that best applies to the student.)

Chickasaw/Chickasaw family    Other First American    Child of Chickasaw Nation employee  
 Non-affiliated

Mailing address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Physical address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone no.: (\_\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_\_) \_\_\_\_\_ Do you text?  Yes  No

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Pant size: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Email address: \_\_\_\_\_

Allergies: \_\_\_\_\_

### **Behavioral concerns (optional):**

Providing behavioral concerns is completely optional, however, if you feel comfortable sharing, this information will help us to help your student be as successful as possible in class. This information will be kept as confidential as possible and will not affect admittance into the class.

---

---

**Parent/legal guardian no. 1:** (Please complete this section if the student is a minor.)

Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Birth date: \_\_\_\_\_  
(Required for security purposes)

Home phone no.: (\_\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_\_) \_\_\_\_\_

**Parent/legal guardian no. 2:** (Please complete this section if the student is a minor.)

Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Birth date: \_\_\_\_\_  
(Required for security purposes)

Home phone no.: (\_\_\_\_\_) \_\_\_\_\_ Cell phone no.: (\_\_\_\_\_) \_\_\_\_\_

**Emergency contact:** (Please list two individuals (other than parent/legal guardian) to call in case of an emergency.)

Name and relationship: \_\_\_\_\_ Phone no.: (\_\_\_\_) \_\_\_\_\_

Name and relationship: \_\_\_\_\_ Phone no.: (\_\_\_\_) \_\_\_\_\_

**Additional pick-up individuals:** (Individuals other than parent/legal guardian authorized to pick up student. Must provide photo ID to dance studio staff member for security purposes.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Attendance commitment:**

I understand and agree that by signing my student up for classes with the Chickasaw Nation Youth Theatre Performance Class, I am committing to having my student attend scheduled classes on time and for the full duration of the class to the best of my abilities. I further understand that failing to do so may result in my student's removal from the class and/or performance.

**Parent/legal guardian consent, release, waiver of liability and indemnification:**

In consideration of my student being permitted to participate in this class, I, on behalf of my student, myself, my heirs, executors, administrators and assigns, hereby state that:

1. I believe that my student is physically and mentally capable of participating in this class. I knowingly and freely assume any and all risks, both known and unknown, of illness, injury, death, damage and/or loss to my student, to others and/or to property that might be associated with or result from my student's participation in this class, even if arising from the negligence of the Chickasaw Nation or others.
2. I release and forever discharge the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, representatives, successors and assigns of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to my student or property however caused, arising or by reason of or during my student's participation in this class, whether prior to, during or subsequent to my student's participation notwithstanding that any claim may have been contributed to or occasioned by the negligence of the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns.
3. I agree to indemnify and hold harmless the Chickasaw Nation, its employees, officers, directors, shareholders, affiliates, agents, representatives, successors and assigns, from and against any and all liability incurred by the Chickasaw Nation or damage to any property thereof arising as a result of or in any way connected to my student's participation in this class.
4. I grant permission to the Chickasaw Nation, its agents or employees to photograph, record, film and videotape my student during the event/program, and to use such materials in any and all publications, educational materials, research, marketing, advertising, news media and web materials for future promotion of the Chickasaw Nation, its programs and events. I understand and agree that such materials, including all negatives, positives, digital images, prints, recordings or anything derived therefrom created by the Chickasaw Nation, will become and remain the sole property of the Chickasaw Nation, and I will have no right or title to such items. If I should receive any print, negative, recording or copy, I will not authorize its use by anyone else. I will have no right of approval, no claim to any compensation, now or in the future, 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. I understand and agree that these materials may be kept on file and used for future purposes. I hereby agree to release the Chickasaw Nation from any and all liability arising from or in connection with the taking, use, publication or dissemination of such materials now or in the future.
5. I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights or immunities by offering and hosting this event/program.

6. In case of accident or need for emergency medical attention, I give permission to the staff to take my student to a medical provider and/or emergency facility of the Chickasaw Nation's choice. I understand that I will be responsible for all expenses for treatment provided to my student.
7. I understand that my student is required to follow all aspects of the program's code of conduct, attendance policy and dress code. Failure to adhere to these policies will result in dismissal from the program and all related events.

This consent, release, waiver of liability and indemnification is intended to be as broad and inclusive as permitted by the applicable laws of the Chickasaw Nation.

---

Parent/legal guardian signature

---

Date

**Applications can be submitted via email to [Natalie.May@Chickasaw.net](mailto:Natalie.May@Chickasaw.net) or in person at the Chickasaw Nation Arts and Humanities Division, 201 North Broadway Avenue, Ada, OK 74820.**

**For more information, please call the  
Chickasaw Nation Arts and Humanities Division at (580) 272-5520.**