



**Chipota Chikashshanompoli: Children Speaking Chickasaw Language Club
Youth Stickball Team Application**



Contact information:

First name: _____ Last name: _____

Age: _____ Male Female

Allergies/health concerns: _____

Shirt size (Please check one):

YS YM YL S M L XL 2XL 3XL 4XL

Short size (Please check one):

YS YM YL S M L XL 2XL 3XL 4XL

Address information:

Street: _____

City: _____ State: _____ ZIP: _____

Parent/guardian information:

Parent/guardian name: _____ Phone: _____

Text: Yes No Email: _____

How would you like to be kept updated: Text Email

Parent/guardian signature: _____

Emergency contact information:

Name: _____ Phone: _____

Questions/contact:

Clovis Hamilton: 580-272-5592 or Clovis.Hamilton@chickasaw.net

“The Chickasaw Nation Stickball Activities Waiver, Release of Liability, and Assumption of Risk and Rule Form”

To participate in the stickball activities sponsored by the Chickasaw Nation Department of Culture and Humanities, I, the undersigned _____ (print name of participant), acknowledge, understand and agree to the following:

1. The risk of injury from participating in stickball activities including practice sessions, exhibitions and games, is significant and has the potential for serious injury and/or even death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE CHICKASAW NATION, or others, and assume all and full responsibility for my participation.
3. I willingly agree to comply with the rules and regulations that govern the stickball games and activities.
4. I, on behalf of myself, my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Chickasaw Nation, its employees, agents and representatives WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM NEGLIGENCE OR OTHERWISE.
5. My permission is granted to the Chickasaw Nation, its agents or employees to photograph, record, film and videotape me or my child for future promotion of the Chickasaw Nation Department of Culture and Humanities programs and/or any Chickasaw Nation publications. 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.
6. I HAVE READ THIS WAIVER/RELEASE OF LIABILITY/ASSUMPTION OF RISK AND RULES FORM, AND FULLY UNDERSTAND THAT BY SIGNING THIS FORM, I AM AUTHORIZED OR HAVE LEGAL AUTHORITY TO CONSENT ON BEHALF OF MYSELF OR THE ABOVE-NAMED MINOR CHILD.

Signature of participant

Date

Signature of parent/guardian (if participant is under the age of 18)

Date

Emergency contact information (name): _____

Address

State

ZIP

Phone

Witnessed by:

Date

Title