



**the
Chickasaw Nation
Division of Education**

301 Seabrook Road / Ada, OK 74820 / Phone: (580) 272-5579
Email: stmprogram@chickasaw.net

**Chickasaw Nation Office of Supportive Programs
FIRST JUNIOR LEGO League Application
Application Deadline - August 31st.
Ages 6 - 8**

Name: _____
Last First Middle

Address: _____
Street City State County Zip code

Home phone: (_____) _____ Work or cell number: (_____) _____

Parent/legal guardian name: _____

Parent/legal guardian email address: _____

Date of birth: ____ / ____ / ____ Age: ____ Sex: Male Female
(Check one)

School: _____ Grade entering: _____

Emergency contact: _____
Name Phone number

T-shirt size: Youth - Small Medium Large
Adult - Small Medium Large

Have you participated before in FIRST JUNIOR LEGO League? Yes No

If yes, how many years? _____

If yes, which team(s)? _____

Return applications by mail to: Chickasaw Nation Science, Technology and Math Program, 301 Seabrook Road, Ada, Oklahoma 74820 or call 580-272-5579.

The Chickasaw Nation Office of Supportive Programs and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder or any amendments thereto. The parties concur that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.



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FIRST Junior Lego League - Ages 6 - 8

PARENTAL CONSENT

INCOMPLETE APPLICATION CANNOT BE PROCESSED

Please return this information to the Chickasaw Nation Science, Technology and Math Program, 301 Seabrook Road, Ada, OK 74820. (PLEASE PRINT)

Child's name: _____
Last First Address City State Zip code

Parent/guardian: _____
Last First Phone number

I believe that my child is physically and mentally capable of participating in the programs offered by the Chickasaw Nation Division of Education. Furthermore, I agree to indemnify and hold harmless the Chickasaw Nation (Nation), its employees and all personnel (including consultants) participating in or associated in any manner with this event from any claims of damages, liabilities, injury, expense or loss occurring from activities of travel associated with the division of education programs.

In case of accident or need for emergency medical attention, I give permission to program staff to take my child to a doctor and/or emergency facility of the Nation's choice. It is understood that all expenses for treatment provided will be borne by the parent, guardian or child.

Please list all medication(s) your child is currently taking (dosage and schedule):

Please list any over-the-counter medications that you give us permission to give to your child (Example: Tylenol, Motrin, Pepto-Bismol, etc.):

Furthermore, I give my permission for my child to travel with program staff and other participants to and from the official event.

My permission is granted to the Chickasaw Nation, its agents, or employees to photograph, record, film and videotape my child for future promotion of the division of education programs and/or any Chickasaw Nation publications. I shall have no right 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, alternation, distortion or illusionary effect or use in any composite form.

I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights by offering and hosting this event.

Parent or guardian signature (participants 18 or older may sign form)

Date