



Pueblo of Laguna Sports & Wellness / Diabetes Program
2024 Summer Youth Activities
Participant Enrollment/ Permission Form

Participant Name: _____ Tribe/Village: _____

Physical Address: _____

Age: _____ Date of Birth: _____ Gender: Male Female Shirt Size: _____

Primary Contact: _____ Relationship to child: _____

Phone: _____ E-Mail Address: _____

Secondary Contact: _____ Phone: _____

Are there any health concerns/allergies/medications that we need to know? If so, please explain.

Activity:

Transportation Needed?

BP Basketball Camp (June 10th-14th): Yes No Session 1: 8am-11am (K-6th)

Session 2: 12pm-4pm (7th-12th)

Summer Swimming Days (June 20th): Yes No

Summer Swimming Days (June 27th): Yes No

Summer in K'awaika (July 9th-August 1st): Yes No

Bullying in any form is prohibited by participants in this program

Informed Consent / Travel Form

I am aware that this program involves physical activities and this Pueblo of Laguna Sports & Wellness Diabetes Program activity is a potentially hazardous activity. I assume all risks associated with participation in this activity, including, but not limited to falls, cuts, bruises, burns, and contact with other participants, the effect of weather and other reasonable risk conditions associated with the activities. I also authorize the Laguna Sports & Wellness Diabetes Program personnel certified in CPR/Standard First Aid to provide emergency treatment for an injury to or illness upon consent, until trained medical personnel arrive.

I promise not to use drugs, alcohol, or tobacco products during the duration of the trip. I promise to show respect and tolerance to my peers, chaperones, and anyone I meet during this trip. I promise I will cause no destruction to the property, and transportation. I will recognize that I am representing my family, the Pueblo of Laguna Sports & Wellness Diabetes Program and its entities.

I understand this informed consent form and agree to its conditions for myself and/or on behalf of my child.

Participant Signature : _____ Date : _____

Parent Signature : _____ Date : _____

Permission/Liability Release Form

I am the parent or legal guardian of _____ and give my permission for him/her to participate in the Pueblo of Laguna **2024 Summer Youth Activities**. I understand that my child/ward may need appropriate clothing, supplies, or may need to pay a fee. In full understanding of the conditions for allowing my child to participate in the planned program, I hereby consent and agree to the following:

Consent to Medical Treatment

In the event that my child/ward should require any medical or surgical treatment and/or medication during the course of his/her attendance or participation in the **2024 Summer Youth Activities**, I authorize such physicians or medical staff appointed or designated by the organizers of the activity to carry out the necessary treatment or transport my child/ward to the emergency room of the nearest hospital. I further authorize the hospital and its medical staff to provide treatments deemed necessary by them for the well-being of my child/ward. It is understood that if hospitalization for treatment of a serious nature is required, I will be contacted by telephone for permission.

_____ Initial

Media

I hereby grant permission for the employees of the Pueblo of Laguna **Community Health & Wellness Programs** to record my child's/ward's likeness for use by television, film, radio or printed media to further the aims of those activities and programs in related campaigns, magazine articles, booklets, posters, and in any other ways they may see fit. I hereby release them from any and all claims in its usage.

_____ Initial

Liability

I have taken such measures that I have deemed advisable to ascertain that my child's/ward's physical condition is suitable for the program (including a doctor's physical, if appropriate). Neither I nor my child/ward will seek to hold the Pueblo of Laguna and the **Community Health & Wellness Programs** nor the above entities (including directors, employees, and volunteers associated with the CHWD programs) from any and all claims, demands, lawsuits, expenses, or charges which may hereafter accrue or result from participation in the Sports & Wellness/Diabetes program.

_____ Initial

Health Screening

I hereby give consent to the Pueblo of Laguna **Community Health & Wellness Programs** staff to provide a health screening for my child/ward. Screening will include height, weight, blood pressure and blood sugar. All data will be used to determine appropriate programming for your child/ward and to aid in identifying health risks. All information will be kept confidential by the Sports & Wellness/diabetes program Staff and will be used only for purposes of this program.

_____ Initial.

This signature applies to all of the above:

Parent/Guardian Signature	Print Name	Relationship	Date
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Staff Initials: _____ Date: _____