Youth Education & Activities Program Registration/ Liability Waiver

Tribal Youth Council 2024 Leadership Conference

Planned Activities: 2024 Youth Leadership Conference

Date(s): December 20, 2024

Time: 8:30 – 3:30 pm

Participant Name:

Transportation: Please get in touch with the YEA Office in your area for more information on Transportation

T-Shirt Size:

Age:

Please type or print clearly. Fill in all the blanks. All information is needed in case of emergency.

Address, City, State, Zip:			
Grade:		Tribal Affiliation	Tribal Card Number (RED #
Parent or Guardian(s) Name			
Email address:		Phone:	
Emergency Contact Name & Address		Phone:	
Special Needs Please Explain:			
Food Allergies if any:			
participating in their activities responsibility for any damag against the Sault Tribe Youth	LIABILITY WA will follow the rules set by the Sault T es. If my child needs discipline, I will b e to person(s) or property caused by a Education & Activities Program and sent for a licensed physician to treat	Tribe Youth Education & e contacted to handle my child. Additionally, its representatives. If r	the situation. I take full I waive any liability claims ny child requires immediate
understand that my child's p child to be transported in the residence, transportation du	I's photos to be taken and used for ping the hoto may be shared with the local made. YEA Program Vehicle to and from ping activities, and drop-off at home. Iropped off at a location other than the second second.	edia, including the inte rogram activities. This i I understand that I mu	rnet. Additionally, I authorize m ncludes pick-up from our st contact the YEA office if my
Parent Signature			Date: