



# BAH KHO-JE Camp - Application

June 4-8, 2018 - Tribal Members Only - Ages 12 to 15

<b>YOUTH NAME: (Please Print)</b>			/ /		
<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Birth Date</b>		<b>ITO Roll #</b>
<b>Address:</b>					
<b>Street</b>		<b>City</b>	<b>State</b>		<b>Zip</b>
<b>Phone #:</b>		<b>Message #:</b>		<b>E-mail Address:</b>	
<b>School:</b>			<b>T-SHIRT SIZE:</b>		
<b>Grade:</b>			(Adult) SM MED LG XL 2XL 3XL 4XL		
<b>PARENT/ LEGAL GUARDIAN NAME: (Please Print)</b>					
<b>Last</b>		<b>First</b>		<b>Middle</b>	
<b>Contact Number:</b>					
<b>Emergency Contact Name (If other than parent/legal guardian) :</b>					
<b>Emergency Contact Phone Number:</b>					
<b>Do you have physical limitations that would need special accommodations for the event? YES or NO</b>					
If Yes, please explain:					
<b>Allergies/relevant medical conditions in which we should be aware:</b>					
<p>I give my above named minor child, permission to participate in this event with the Iowa Tribe of Oklahoma's Education Department. I will not hold the ITO any affiliated individual(s) and/or department(s) associated with the ITO liable for any accidents, injuries, or incidents related to this event. I am aware of the activities that my minor child will participate in. I provided all necessary information for the individual listed above in case of an emergency. I also give my permission for my minor child to travel in a vehicle owned/operated by the ITO for this event. I understand and agree that the ITO, employees, agents, and/ or volunteers cannot be held liable for accident or injuries related to this transportation. I give my permission for my minor child to be photographed during this event. I acknowledge that the photos may be used in various formats for the newsletter, website, and/or other media associated with the Iowa Tribe of Oklahoma. If emergency medical care is necessary and I cannot be reached, I authorize the ITO event staff to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment. This release of liability will be in effect for one year from date indicated below or its withdrawal in writing from signatory.</p>					
<b>PARENT/LEGAL GUARDIAN SIGNATURE:</b> _____				<b>DATE:</b> _____	
<b>STUDENT SIGNATURE:</b> _____				<b>DATE:</b> _____	