Kaibab Paiute Tribe Consent to Participate
Kids Wellness Camp
July 23-24

Parent(s), please read carefully, initial and sign. Your child/children **must have a signed consent form in order to participate.** If you have any questions feel free to call Penny @ 928-643-8323 or Marisa @ 928-643-8336. Thank You. Please bring this signed form to the camp with you or drop it off at the tribal office.

PLEASE LIST ANY MEDICAL CONCERNS YOUR CHILD MAY HAVE AND PROVIDE ANY MEDICATION NECESSARY.

I agree to allow my child / children to participate in the Kids Wellness Camp:

Name	Age	Medical Concerns
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ I understand that the Kaibab Paiute Tribe will not be liable for any injuries to my child/children that may occur during the Wellness camp.

_____ In the event that my child should be injured, in an incident or choking, I give my permission for CHR and Tobacco/Diabetes Program employees to perform CPR, treat, or perform any other lifesaving act to insure the welfare of my youth.

_____ I understand that if my child refuses to obey the Wellness Camp rules or breaks a rule, that they may be asked to leave for that day and possibly for the whole camp.

_____ I authorize my child to be transported by an Employee of the Kaibab Paiute Tribe to and from the Wellness Camp each day (if transportation is provided).

_____ I understand that the Kaibab Paiute Tribe is not liable for any accidents or injuries that may occur during transport of my child.

_____ _____
Parent/Guardian Signature Date

_____ _____
Home Phone Number Work or Cell Number

Participant Rules and Regulations

1. Be early
2. No Profanity
3. No chewing gum
4. Please wear court shoes.
5. Respect fellow participants, coaches and staff
6. Smoking and alcohol consumption prohibited during camp

PLEASE CALL MARISA AT 643-8336 TO REQUEST TRANSPORT