

CHITIMACHA RECREATION DEPARTMENT

August 2015 – July 2016

NAME OF PARTICIPANT _____

M/F

BIRTHDAY _____ **AGE** _____

ADDRESS _____

PHONE # _____

HOME

CELL

WORK

Email Address _____

(To send dates of registration for upcoming Chitimacha activities/sports)

PLEASE CIRCLE ONE: TRIBAL / EMPLOYEE / NON-TRIBAL

I hereby give permission to publish my child's picture and first and last name in the Chitimacha Tribal newsletter, Franklin Banner Tribune, and on the Recreation Page of the Chitimacha Tribe's Website.

(Note: All Chitimacha Tribal newsletters are published on the internet.)

Please Circle One: Yes / No

I/We know that participation in any league offered by Chitimacha Recreation Department may result in serious injuries, and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Chitimacha Tribe of Louisiana, organizers, sponsors, supervisors, and participants for any claim arising out of any injury.

Participant's Signature _____ Date _____

If under 18, Parent or Guardian's Name (Print) _____

Parent or Guardian's Signature _____

***Registration Fee will be required at the time of registration.**

MAKE CHECKS PAYABLE TO: CHITIMACHA RECREATION