



Osage Nation Support Plan - Public Schools Walk Out



Please Return the Following Application:

Osage Nation
ATTN: Bobby Tallchief
1071 Grandview Lane
Pawhuska, Oklahoma 74056
Phone: 918-287-5225
FAX: 918-287-5232

Site Requested: _____

Registration Form:

Parent/Legal Guardian

Last Name First Name MI Membership/Employee Number

Address City State

Phone Number Email Address

Child

Last Name First Name MI Membership/Employee Number

School Location Grade Age Gender

Emergency Contacts (two required)

Name Phone Number Relationship

Name Phone Number Relationship

Health Record

Does your child have any known allergies? (list below)



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Does the known allergy require special precautions, actions, or medications? (list below)

Is there any additional health issue? (list below)

Insurance Provider

Name of Insurance

Name of Policy Holder

Policy Number

Pick-Up Permission

Individuals who have permission to pick up my child:

Name

Phone Number

Relationship

Name

Phone Number

Relationship

I acknowledge and assume all risks associated with the activities that I will be engage in.

I agree to hold the Osage Nation, employees, and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my participation in this event.

Further, I grant full permission for the organization and its affiliates and partners to use photographs, videos, and other types of recordings of myself or student in advertising, trade, or any commercial purpose in legitimate accounts and promotions of these activities. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the images.

By signing below, I acknowledge that I have read and fully understand this waiver

Parent/guardian signature

Date

Please return your completed form to:

btallchief@osagenation-nsn.gov