



Osage Nation



Day Camp



Student Information

Full Name:	
Age:	Gender:
Grade:	School:
Address:	

Parent / Guardian Information

Full Name:	
Home Number:	Cell Number:
Email:	

Emergency Information

Emergency Contact's Full Name:	
Relationship to Student:	
Phone Number:	Alternate Number:

Does student have any allergies or medical conditions? If yes, please describe.

Informed Consent and Acknowledgement

I, the undersigned, hereby consent for my child to participate in the activities of the Osage Nation STEAM Program during the selected camp. In exchange for the acceptance of my child's registration, I hereby assume all risks and hazards associated with the activities of the Program and therefore, release, discharge and agree to hold harmless the Osage Nation STEAM Program and its respective staff and representatives from any and all liability for injuries to said child and property damage that may arise out of traveling and participating in the Program.

Parent / Guardian Signature

Date