



TRIBAL TANF FAMILY WELLNESS

Contact Information, Liability & Photo Waiver

ACTIVITY: Sacred Circle for Native American Youth

DATE April -October 2021

Please print all information and fill out completely – Classes or activities are subject to change

ADULT INFORMATION

Adult First Name:		Adult Last Name:	
Mailing Address:		City:	Zip Code:
Evening Phone:	Mobile:	Day Phone:	Birth date:
Place of Birth:			

EMERGENCY CONTACT INFORMATION

Name:	Phone #	Mobile Phone:
Name:	Phone #:	Mobile Phone:
Insurance Carrier:	Policy #:	
Family Physician:	Phone #:	

PARTICIPATION INFORMATION

Participants Name	Age	Gender	Grade	Date-of-Birth

PLEASE READ AND SIGN BELOW

The parent(s) of participant(s) must complete and return this agreement. It is understood that I (the participant) cannot participate in the recreation activities until this WAIVER has been completed.

I _____ as the legal guardian/parent of _____ see above _____ for myself, my personal representative, heirs, next of kin, spouse and assignees do hereby release and discharge the North Fork Rancheria and all of its programs, employees, agents, Board of Directors, and staff from any and all claims and damages, or property damage while participating in the *above activity* or attending the *above activity* which is being financially sponsored by NFRTT. I understand that my participation in the NFRTT *activity* or my participation in activity which is being financially sponsored by NFRTT may result in potential harm, injury and/or damage to me or my property. In case of an accident or an emergency, I authorize a staff member of NFRTT to take my child to the above-named Physician or to the nearest Emergency Hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child at my expense. All allergic reactions to, and current medication taking information must be disclosed on the next form.

NFR Tribal TANF – Code of Conduct

- Be helpful, courteous, and respectful to others at all times
- Do not use or possess alcohol, tobacco, or other drugs
- Check in with your even leaders, so they know where you are at, at all times
- Be respectful of other youth (No fighting, pushing, hitting, or “put downs”)
- Be respectful of the environment (No littering or vandalism)
- No vulgar language will be tolerated NO PETS ALLOWED

Safety is our first priority:

If the behavior of an individual is not appropriate, consequences will be determined by the appropriate NFR Tribal TANF staff member.

Consequences may include the following:

- Verbal Warning
- Parent Contact
- Sent home from activity at own/parents expense
- Disqualification from future prevention events

I have read and hereby agree to abide by the NFR Tribal TANF Recreation Activity Rules. I further acknowledge that my participation in the NFR Tribal TANF Recreation Activities will be in jeopardy should I fail to adhere to the rules. I give permission for any photos/filming of my child/myself taken while participating in this activity, to be used by NFR and its programs for promotional use, such as but not limited to: newspaper, television, posters, internet, magazines, promotional or educational, etc. I also understand that I will not receive any compensation for such use.

PARTICIPANT’S/PARENT’S SIGNATURE: _____ **DATE:** _____ .
(Parent or legal guardian must sign for those under 18 years of age)



NORTH FORK RANCHERIA TRIBAL TANF – FAMILY WELLNESS

<input type="checkbox"/> North Fork Office 56901 Kunugib North Fork, CA 93643 Phone (559) 877-7277 Fax (559) 877-7234	<input type="checkbox"/> Clovis Office 1225 N Willow Ave, Suite 130 Clovis CA, 93619 Phone (559) 298-5700 Fax (559) 298-5717
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Adult Prevention Application

Section I – General Household Information

First Name	Last Name	Phone #
Mailing Address	City	Zip Code

Section II – Family Information

Family Type: <input type="checkbox"/> 1-Parent <input type="checkbox"/> 2-Parent <input type="checkbox"/> Relative Home <input type="checkbox"/> Other				TANF Cash Aid: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Total number in household? _____				Number of dependants under 18yrs? _____		
List Household Family Members	Tribal Affiliation	Gender	Marital Status	Degree or Highest Grade Attended	Date of Birth	Name of School Attending
1						
2						
3						
4						
5						
6						

Section III – At Risk Indicators (please check all that apply)

<input type="checkbox"/> Living in high crime rate area	<input type="checkbox"/> Member of low-income family
<input type="checkbox"/> Absent parent (single parent children)	<input type="checkbox"/> Low academic skills (not low intelligence)
<input type="checkbox"/> Parents are not high school graduates	<input type="checkbox"/> Homelessness /housing
<input type="checkbox"/> Living with caretaker /relative	<input type="checkbox"/> Substance abuse issues
<input type="checkbox"/> Have negative self-perceptions; low self-esteem	<input type="checkbox"/> Pregnant /Parenting teen
<input type="checkbox"/> Living on or near Rancheria lands	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Previous involvement in Juvenile Justice System	<input type="checkbox"/> Other _____
<input type="checkbox"/> Living in unstable school district	

I certify that all information reported in this application is accurate to the best of my knowledge and hereby authorize the information to be used by *North Fork Rancheria Tribal TANF Program*, for the purpose of Data Tracking.

Disclaimer: I understand that my information is confidential and will not be divulged to anyone without my permission.

Head of Household Signature

Date



North Fork Tribal TANF Family Wellness Program
 SACRED CIRCLE Proposal #NFR015-21
 PARTICIPANT EMERGENCY INFORMATION CARD

Participant Personal Information

Participant Legal Name (Last-First-Middle)	Birthdate (MM-DD-YY)	Grade
Address (STREET – CITY – ZIP)	Home Phone	Cell Phone
Mailing Address (PO BOX OR STREET – CITY – STATE – ZIP)	E-Mail	

Participant Family Information

Living with Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Name		
Relationship to Participant		
E-Mail		
Home Phone	Work Phone	Cell Phone
Address [IF NOT LIVING WITH PARTICIPANT (Street, City, Zip)]		

Living with Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Guardian Name		
Relationship to Participant		
E-Mail		
Home Phone	Work Phone	Cell Phone
Address [IF NOT LIVING WITH PARTICIPANT (Street, City, Zip)]		

In case the participant parent/guardian cannot be reached, the participant will be released to the following adults.

#	Adult Name	Day Time Phone	Cell Phone	Relationship to participant
1)				
2)				
3)				
4)				
5)				

Participant Medical Information

Allergic reactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type of Allergies: _____
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type of Medication Taken: _____
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Type of Treatment: _____
Medication Taken Regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, List types of medication, dosage, and schedule: _____
OTHER MEDICAL CONDITIONS: _____		

Physician	Phone
Health Insurance Carrier	Policy Number

I/We authorize the names listed in Participant Family Information on this card are the only individuals with permission to pick up this Child/Participant up from program without prior written or verbal authorization from the custodial parent/guardian, If the participant expresses concern about being picked up, it is understood that staff will contact the custodial parent/guardian prior to releasing the participant. I/We authorize North Fork Rancheria of Mono Indians Staff, Tribal TANF Staff to administer first aid and to obtain medical care for my child/participant in the event of an emergency, illness, accident, or injury (including necessary transportation). I/We authorize such care and treatment to be performed by any licensed physician or surgeon. I/We agree to bear all costs incurred as a result of the foregoing.

_____|_____
 Mother / Father / Guardian Date
 Signature

_____|_____
 Father / Mother / Guardian Date
 Signature