

To be complete by W&A Staff:
Paid _____ Receipt Number: _____

Poarch Creek Indians Wellness & Activities Department
2012 NAYO Basketball Application
Registration Form

(Registration Forms must be filled out completely)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

School Attending: _____

Mother's Name: _____ Contact Number: _____

Father's Name: _____ Contact Number: _____

(Please check one) _____ Tribal Member _____ First Generation _____ Non-Tribal

Emergency Contact Name and Number: _____

Relationship to child: _____

Shirt Size: _____ *(This must be completed in order to receive a shirt/uniform)*

**Poarch Creek Indians
Wellness & Activities Department/Authority**

WAIVER AND RELEASE

I do for myself and my heirs, legal representatives, successors and assigns hereby, waive, release, discharge, and covenant not to sue the Poarch Band of Creek Indians, a federally recognized Indian Tribe; the Poarch Band of Creek Indians Wellness and Activities Authority; and each of their respective directors, employees, agents, servants, officers, affiliates, parents, subsidiaries, successors, predecessors and assigns from any and all costs, liabilities, expenses, claims, demands, damages, actions, causes of action, or suits of whatsoever kind or nature arising from, relating to, or in connection with my participation in any recreation programs, events, or activities sponsored by the Poarch Band of Creek Indians or the Poarch Band of Creek Indians Wellness and Activities Authority or conducted upon property owned by the Poarch Band of Creek Indians or managed by the Poarch Band of Creek Indians Wellness and Activities Authority. Claimant understands that this full, complete and final waiver and release of liability is intended to be as broad and as inclusive as permitted by the laws of the Poarch Band of Creek Indians and if any portion is held invalid, it is agreed that the balance shall continue in full force and effect.

PARENT'S SIGNATURE: _____

For more information contact the Wellness & Activities Department at (251) 368-9136 ext. 2256