

MUSCOGEE (CREEK) NATION JUNIOR OLYMPICS
45th ANNUAL REGISTRATION AND CONSENT FORM

NAME _____

ADDRESS _____

CITY/STATE _____ AGE (At time of Event) _____

D.O.B. _____ SEX M F

TEAM NAME _____

NAME OF COACH _____ CONTACT NUMBER _____

NAME OF COACH _____ CONTACT NUMBER _____

A Copy of Child's C.D.I.B. or Tribal Enrollment Card Must Be Attached To This Form!

DO YOU HAVE ANY MEDICAL PROBLEMS?

No _____ Yes _____

ARE YOU TAKING ANY MEDICATIONS?

No _____ Yes _____

ARE YOU ALLERGIC TO ANY MEDICATIONS?

No _____ Yes _____

HAVE YOU EVER SUFFERED A HEAT STROKE, OR ANY HEAT RELATED ILLNESS

I/WE UNDERSTAND THAT MY CHILD (NAME): _____ IS NOT AND WILL NOT BE INSURED IN CASE OF INJURY WHILE PARTICIPATING IN THE MUSCOGEE (CREEK) NATION OLYMPICS. THIS WILL ALSO INCLUDE THE CITY OF OKMULGEE, AND THE JR. OLYMPIC COMMITTEE. THIS IS ALSO TO INCLUDE THE SAID COMMUNITY (NAME) _____ THAT THE PARTICIPANT WILL BE REPRESENTING.

Print Name of Parent or Guardian

Date

Signature of Parent or Guardian

Contact Number for Parent or Guardian _____