



# Program Registration Form

**Month:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ (For Office Only)

**Youth Information**

First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Enrolled Tribe: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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**Stay Informed!** Updates are posted onto our NATIVE, Inc. Facebook and Instagram pages.

Sign up to receive direct email updates by signing up from our website: [www.ndnadc.org](http://www.ndnadc.org)

**For more information** questions regarding programs, please contact Randi (701) 557-7318 or [randi@ndnadc.org](mailto:randi@ndnadc.org)



**Parent/Guardian Information**

I am the (check one):  Mother  Father  Legal Guardian  
First, Last Name(s): \_\_\_\_\_  
Enrolled Tribe(s): \_\_\_\_\_  
Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Is your child currently involved in the juvenile justice courts (Truancy, PYB, Youthworks, etc.)?  
Yes  No

**Programs (Pre-Register at <https://www.ndnadc.org/event>)**

Please check each program you would like you and/or your child to enroll in.

- Wednesday's, Youth Night (grades 6<sup>th</sup>-12<sup>th</sup>) 4:30pm-6:15pm  
(meal @ 4:30pm-5pm, program 5pm-6:15pm)
- Thursday, Men's Prayer & Ceremonial Song Night, 6pm-8pm @ NADC
- Friday, Youth Social Night
- North Dakota Indian Youth Leadership Academy
- If you have interest in a new type of program, please list: \_\_\_\_\_



**In case of an emergency, contact Information**

First and Last Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

**Medical Information**

Does your child have any physical handicap or illness that would prevent him/her from participating in any activities?  Yes  No If yes, please explain: \_\_\_\_\_

In case of an emergency or an injury to my child(ren), I hereby authorize NATIVE, Inc./NADC will provide first aid response for basic medical needs, (e.g., minor cuts). However, if it is a serious medical emergency matter, then, I understand NATIVE, Inc./NADC will call me to notify me if my child needs to receive emergency medical treatment for a serious matter. *Note: NATIVE Inc./ NADC staff is certified in First Aid, CPR, and Narcan.*

**Liability waiver** (Please Initial)

\_\_\_\_\_ I hereby release, waive, discharge, and relinquish NATIVE Inc./NADC staff, volunteers, and their program partners from all liability for injury or accidents.

\_\_\_\_\_ I shall take full responsibility for all damages that my child may cause.

**Photo/Video Consent** (Please Initial)

\_\_\_\_\_ I give my permission that any photo/video taken of my child by the NATIVE Inc./NADC may be use for the youth group or family programs, and their promotions.

**Transportation**

If you and/or your child need transportation to afterschool and evening programs, please contact Tania at NATIVE, Inc. (701) 595-5181 ext. 1

**Signatures**

\_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Date

\*\*\*Please return form to Tania via email: [tania@ndnadc.org](mailto:tania@ndnadc.org) \*\*\*