



NATIVE INC.



Community Development Corporation

Program Registration Form

Month: _____

Date Received: _____ (For Office Only)

Youth Information

First and Last Name: _____ Age: _____ DOB _____

Enrolled Tribe: _____

School: _____ Grade: _____

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? Yes No

Are you and/or your child working with a Cultural Coordinator or Success Coach in your school?

Yes No If yes, please list first and last name: _____

May we contact this person on your behalf regarding assisting you with getting you registered or transported to our programs that you are interested in? 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.

_____ Monday's, (May 2nd, 9th, 16th, 23rd) Beading Project: Moccasin Keychains, 6pm-8pm

_____ Wednesday's, Youth Night (grades 6th-12th) 4:30pm-6:15pm

(meal @ 4:30pm-5pm, program 5pm-6:15pm)

_____ Friday, May 6th, Mother & Daughter Native Designed Jewelry Box Class, 4:30pm-6:15pm

_____ Tuesday's, Men's Prayer & Ceremonial Song Night, 6pm-8pm

_____ North Dakota Indian Youth Leadership Academy (July 10-15, 2022)

_____ 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 of the following: ___ Yes ___ No

If yes, please check all that apply? ___ Asthma ___ Diabetes ___ Allergies ___ Heart Murmur ___ Seizures ___ Other, please explain: _____

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.

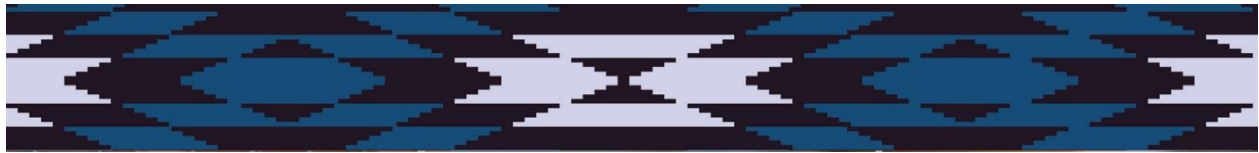
Transportation

Do you and/or your child need Transportation to after-school and evening programs?

___ Yes ___ No

Program Name:	Pickup Address:	Dropoff Address:	Emergency Cell Phone #:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you and your child need Transportation for essential appointments or needs? ___ Yes ___ No
If yes, please explain what you need you need rides for, places and days of week and times:



For Juvenile Court referrals, please indicate which Court Officer and name of program(s):

<input type="checkbox"/> Ryan Kudrna, CO III	701-328-6862	rkudrna@ndcourts.gov
<input type="checkbox"/> Thomas Lamphear, CO II	701-328-6859	tlamphear@ndcourts.gov
<input type="checkbox"/> Doug Sailer, CO II	701-328-6861	dsailer@ndcourts.gov
<input type="checkbox"/> Jeremy Ward, CO II	701-328-6860	jward@ndcourts.gov
<input type="checkbox"/> Jackie Presley, CO II	701-328-6854	jpresley@ndcourts.gov
<input type="checkbox"/> Tausha Pfенning, CO I	701-328-6856	tpfenning@ndcourts.gov

Program(s) Referred to:

Drum Class (grades K-12)

Youth (Life Skills) Program (grades 6-12)

Positive Action Program (grades 6-12)

Youth Social Night (grades 9-12)

North Dakota Indian Youth Leadership Academy (meetings and activities throughout year)

Beading

Other Arts/Crafts

Regalia

Other: _____

***Upon completion of program, concerns and/or lack of attendance please contact Court Officer.**

Signatures

Youth Participant

Date

Parent/Guardian

Date

Stay Informed! Updates are posted onto our NATIVE, Inc. Facebook and Instagram pages. We recommend that you sign up to receive direct email updates by signing up from our website: www.ndnadc.org

For more information questions regarding our programs, please contact Randi at randi@ndnadc.org

