

Clear Sky Registration & Consent Form 2020-2021

Student Name (please print) _____ AGE _____

M__ / F__ PARENTS'/GUARDIANS' NAMES(PRINT) _____

PHONE NUMBERS _____

EMAIL _____

NATIVE AFFILIATION _____

ADDRESS _____

EMERGENCY RELEASE: Names/Numbers _____

SCHOOL _____

HEALTH/BEHAVIORAL CONSIDERATIONS, (INCLUDING MEDICATIONS)

PARENTAL RELEASE (Initial):

I approve my child's participation with SCSNYC program and certify he/she is in good health. _____

I hereby release UNEA of all liability. I accept responsibility for any injury or medical expense incurred by my child during the SCSNYC program. _____

I have read and accept the SCSNYC Participation Policy (on reverse). _____

I also approve of photos/pictures/video taken of my child for promoting UNEA purposes only. _____

Parent/Guardian Signature (type name) _____



This event/program is organized by the Urban Native Education Alliance.

UNEA is a grassroots, volunteer-based, Native non-profit 501c3 organization.

Clear Sky Participation Policy

Youth at Clear Sky are expected to behave in a positive and respectful manner to other youth, elders, adults, and community volunteers. Cooperation and teamwork are central to our interactions among ourselves, and with other organizations and teams.

Students who are not able to meet this expectation will receive a brief time out. In the case of repeated misbehavior in a single day, parents/guardians may be asked to take the student home for the day.