

Craig Tribal Association

After School Cultural Program – Application Form

Student Information

- Student Name: _____
- Age: _____ Grade: _____
- School: _____
- Mailing Address: _____

Parent/Guardian Information

- Name(s): _____
- Phone Number: _____
- Email: _____

Emergency Contact (if different from above)

- Name: _____
- Phone Number: _____
- Relationship to Student: _____

Health & Safety

Does your child have allergies, medical conditions, or dietary restrictions?

☐ Yes ☐ No

If yes, please explain: _____

Cultural Interests

(Check all your child is interested in learning)

- ☐ Language (Haida/Tlingit)
 - ☐ Drumming/Singing
 - ☐ Dance
 - ☐ Beading/Regalia Making
 - ☐ Cedar/Weaving/Roses
 - ☐ Carving/Paddles
 - ☐ Harvesting/Traditional Foods
 - ☐ Other: _____
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Liability Waiver & Hold Harmless Agreement

I understand that participation in the After School Cultural Program may include cultural activities such as carving, beading, drumming, dancing, harvesting, and outdoor learning.

I agree to assume all risks associated with these activities. I hereby release, waive, and hold harmless the **Craig Tribal Association, its employees, volunteers, and representatives** from any liability, claims, or damages that may result from accidents, injury, or loss during my child's participation.

In case of illness or injury, I authorize program staff to provide basic first aid or seek emergency medical treatment if I cannot be reached. I understand that I am responsible for any related medical expenses.

Photo/Video Release

☐ Yes, I give permission for photos/videos of my child to be used for program documentation, reports, and promotional purposes by Craig Tribal Association.

☐ No, I do not give permission.

Parent/Guardian Consent

I give permission for my child to participate in the Craig Tribal Association After School Cultural Program. I will ensure my child follows program rules and is picked up promptly at the end of each session.

Parent/Guardian Signature: _____

Date: _____

Authorized to pick up:

Name:

Phone #
