

Clear Sky Registration Form

Student Name (please print) _____ AGE _____ M or F

PARENT'S NAME (PLEASE PRINT) _____

PHONE _____

EMAIL _____

NATIVE AFFILIATION _____

ADDRESS _____

EMERGENCY CONTACT: Name/Number

SCHOOL _____

HEALTH/BEHAVIORAL
CONSIDERATIONS(MEDICATIONS) _____

PARENTAL RELEASE: I approve of my child's participation with SCSNYC program and I certify that he/she is in good health. I hereby release all liability. I acknowledge that I am responsible for any injury or medical expense incurred. I also approve of photos/pictures/video taken of my child for promoting UNEA purposes only.

Parent/Guardian Signature _____

This event/program is organized by the Urban Native Education Alliance. UNEA is a grassroots, volunteer based, Native non-profit 501c3 organization.

