



Mvnettvlke Punfulletv Hecicetv SUMMER CAMP Application



Child's Full Name: _____

Age: _____ Sex: _____ Grade: _____

Phone #: _____ Shirt Size: _____

Current Address: _____

City/Zip code: _____

Any known allergies: _____

List any medications: _____

Tribal Affiliation: _____

Please Read and Sign: I understand my child will be in an organized physical activity and I will not hold Bowlegs Public School and Seminole Nation or any camp staff responsible for any accidents, injury, death, or thefts. I give permission for my child to receive medical attention and take camp related photos as needed by camp staff for tribal and partnering agencies.

Signature of Parent/Guardian: _____

Date: _____