



**the
Chickasaw Nation
Division of Education**

300 Rosedale Rd / Ada, OK 74820 / Phone (580) 421-7711 / Fax (580) 310-9531

**Bill Anoatubby
Governor**

Chickasaw Entrepreneurship Academy Application

(Ages 15-19 with preference given to just graduated seniors)

By completing this application, the student whose signature appears below makes application for the *Chickasaw Entrepreneurship Academy* provided by the Chickasaw Nation. Please return this form to: *Chickasaw Entrepreneurship Academy*, Office of Supportive Programs, 300 Rosedale Rd, Ada, Oklahoma 74820 or send by fax to (580) 310-9531. **Along with the completed application, the parent/guardian must submit a copy of student's Chickasaw Nation citizenship card.**

Student's name: _____ Date of birth: _____

Student's address – street, city, state and zip code: _____

Student's e-mail: _____ Student's phone no.: _____

Parent/guardian: _____ Parent daytime phone no.: _____

School attending: _____ High school grade just completed: _____

Please list any allergic reactions you may have: _____

List any dietary constraints: _____

Do you require any special assistance completing routine tasks? _____

Please check appropriate t-shirt size:

- Adult small Adult medium Adult large Adult XL Adult 2X

Participants classified as just graduated seniors will be eligible to receive a laptop upon completion of the academy. Non-senior participants are eligible for \$150 savings bond. Participants receiving the laptop award **will not** be eligible to apply for the *Laptop Scholarship Program*, should the participant seek future funding for college grants and scholarships through education services.

Student signature: _____ Date: _____

Parent/legal guardian signature: _____ Date: _____

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NOTICE: All selected applicants will be required to stay at the Chickasaw Nation Children's Village in Kingston, Oklahoma for the entire week. Transportation to the camp each day and all meals will be provided.

For questions or comments please call Ms. Callie Roebuck, at (580) 421-7711.

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The Chickasaw Nation Office of Supportive Programs and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder, or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.



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**Chickasaw Nation Education Services
Chickasaw Entrepreneurship Academy
Southeastern Oklahoma State University/Durant, OK**

Parental Consent/Liability Release Form

Part I:

I, _____, parent/legal guardian of _____, give my consent for participation of my child in the event:

Chickasaw Entrepreneurship Academy, Southeastern State University/Durant, OK

List event name, location including city and state

I also consent to transporting and seeking emergency treatment, to making decisions regarding the welfare of my child, such as medication and health assessments, if necessary, while he/she is participating in the event.

I, the undersigned parent/legal guardian of _____, a minor, do hereby release the Chickasaw Nation and any of its staff or employees of any liability in the event of accidental injury, illness or death to the above-mentioned minor, during the term of the above referenced event.

Are there any existing medical conditions that your child may have that the staff/employees should be made aware of? Yes No

If yes, please explain: _____

Medication: _____

I grant you permission to give the following medications to my child if needed (any over-the-counter medication as follows): _____

I also give my consent to allow a Chickasaw Nation CHR to conduct health assessments (blood sugar test, hearing, eye exam, etc.). I understand he/she would be referred for a follow-up with his/her physician, if applicable.

Emergency contact: _____ Phone no.: (____) _____

If the participant is a minor, a parent or legal guardian must sign the following space after reading and agreeing to the "Liability Release."

Name of parent/legal guardian (print)

Signature of parent/guardian

Date

Student participation: I, _____, agree to participate and represent the
Student name

Chickasaw Nation while attending: **Chickasaw Entrepreneurship Academy**

Name of participant (print)

Signature of participant

Date

Chickasaw Nation Education Services
Chickasaw Entrepreneurship Academy
Southeastern Oklahoma State University/Durant, OK

Part II:

Photograph Consent and Release Form

1. I hereby grant the Chickasaw Nation, its agents and others working for it or on its behalf and their respective licensees, successors and assigns (herein referred to as the "tribe") the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived therefrom, or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the tribe.
2. I agree that my picture or likeness or anything derived therefrom created by the tribe is owned by it. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.
3. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form.
4. I agree that this release does not in any way conflict with any existing commitment on my part.

Name of participant (print)

Signature of participant

Date

Name of parent/legal guardian (print)

Signature of parent/legal guardian

Date