

Poarch Creek Indians Education After School Tutoring Program *Enrollment Form 2018-2019*

Parent Information:

Mothers First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Fathers First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Student Information:

Students First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Grade: _____

Tribal Member [] Yes [] No Roll Number: _____ TM Parent: _____

First Generation [] Yes [] No **Must provide Indian Descent verification letter.**

Teacher Name: _____

School Attending: _____

Areas of particular struggle within the subject area: _____

Poarch Creek Indians

After School Tutoring Contact/Pick-Up List

Please list the name(s) and phone number(s) of individuals whom you authorize to pick up your child in your absence. The people on this list are the only people that we will allow your child to leave with. You may write on the back of the page if you desire to list more names.

1. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

2. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

3. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

4. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

5. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

6. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

7. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

8. First Name: _____ Last Name: _____

Contact Number: _____ Relationship: _____

With my signature below, I authorize the person(s) on this form, in my absence, to pick up my child from tutoring.

Parent/Guardian Signature

Date

Note: The information that you provide us will be kept confidential. The students should be picked up and signed out by a designated person from 5:00 to 5:15p.m. Please be aware that if a child has not been picked up by 5:25p.m. and we have not been contacted by the student's parent/guardian, the PCI Education Department will notify Tribal Police.

Poarch Creek Indians Medical Release Authorization

As the parent/guardian of _____, I hereby authorize the representatives of the PCI Education Department (**Kimberly McGhee, Tanya Rolin, Cassie O'Brien, Melba Smith, Katrinka Brown, Magaline Marshall, and/or Krista Huber**) to obtain medical treatment for injuries or illness that may occur during his/her participation. I authorize that my child receive the necessary medical treatment at the Poarch Creek Indians' Health Clinic @ 5811 Jack Springs Road, Atmore, AL 36502.

Does your child have any medical conditions, physical disabilities, allergies, etc? [] Yes [] No

If yes, please explain: _____

Is your child currently taking any medications? [] Yes [] No

If yes, what kind: _____

Parent/Guardian Signature

Date

Youth Services Coordinator Signature

Date

Notify In Case of Emergency

First Name: _____ Last Name: _____

Relationship: _____ Phone Number: _____

Name of Doctor: _____

Phone Number: _____

Please list any existing or previous medical conditions below:

(Allergies, Allergic Reactions, Asthma, Etc.)

Poarch Creek Indians

After School Tutoring Student Contract

Student Rules and Responsibilities:

1. It is my responsibility to bring my textbook, homework assignments and/or study notes with me to each tutoring session.
2. It is my responsibility, upon arriving on Tribal property to report directly to the Education Department. It is my responsibility to enter the Education Department in a quiet and orderly fashion.
3. I understand that during tutoring, I am to remain in the Education Department at all times (with the exception of restroom breaks or when escorted by an Education Department staff member).
4. I am expected at all times to cooperate with my assigned tutor, to maintain acceptable behavior and to work to the best of my ability.
5. I understand that fighting, disturbing other students and showing disrespect toward Education staff will not be tolerated at any time within the tutoring program.
6. No "HORSEPLAY"!
7. No eating or drinking near computer or tablets.

With my signature below, I indicate that I understand my responsibilities as a student in the After School Tutoring Program.

Student Signature

Date

Parent/Guardian Signature

Date

Youth Services Coordinator Signature

Date

PCI After School Tutoring/Homework Club Authorization for Release of Student Information

I _____ give my permission for _____
(Parent/Guardian) (school name)

to release the following information as it relates my child, _____
(child's name)

Report cards, test scores, standardized test scores, DIBELS scores, Accelerated Reader Points/scores, disciplinary/behavioral information, IEP status and information, and special education. This information will be used to monitor and evaluate my child's progress, and ensure appropriateness for the PCI Remediation Program. I understand that information released may be given verbally or in writing, and that this release is good for the academic year 2018-2019, and that I may revoke this release at any time by contacting the school and informing them of this revocation. A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

Parent/Guardian Signature

Date

Youth Services Coordinator Signature

Date



POARCH BAND OF CREEK INDIANS PHOTOGRAPH/VIDEO CONSENT AND RELEASE

The undersigned hereby acknowledges and agrees that the participation in this activity or event is fully voluntary and gives express consent to have his/her image, likeness and sound of his/her voice to be recorded (video, still photography, and/or audio) by the appointed staff and/or agent of the Poarch Band of Creek Indians ("Tribe") or its designated department and/or entity during the participation. The undersigned authorizes the Poarch Band of Creek Indians to use and reproduce, and to crop or alter at its discretion, photographs, audio and/or video of the undersigned in any publication, multimedia production, display, advertisement, commercial, world-wide web publication, or other form of media. The undersigned agrees that the Poarch Band of Creek Indians may use the undersigned's name, likeness, and/or biographical information supplied by the undersigned in connection with such use.

By signing this form the undersigned acknowledges that he/she has completely read and fully understands this release and agrees to be bound herein. The undersigned hereby releases any and all claims against the Tribe with regard to the Tribe's utilizing the photographs, audio and/or video recordings of the undersigned. The undersigned acknowledges and agrees that the use of these images and/or audio recordings in any publication by the Tribe confers no rights of ownership whatsoever, and agrees not to make any monetary or other claim against the Tribe for the use of the photograph(s), audio and/or video(s). The undersigned also waives any right to royalties or other compensation arising or related to the use of his/her image, audio and/or video recording.

The undersigned further releases and holds harmless the Tribe and its officers, employees and/or legal representatives from any and all liability for any claims by the undersigned or any third party arising out of, relating to, or in connection with this participation.

Accepted and Agreed:

Name: _____
(Print)

Date: _____

Signature: _____
(Signature of Guardian if under 19 years of age)

Date: _____

Witness: _____

Date: _____

**Poarch Band of Creek Indians
Johnson O'Malley Program
Indian Certification Form**

I. School Information

Name of School: _____

School Address: _____

II. Student Information

Last name _____ First name _____

Date of Birth _____ Tribal Affiliation _____

Enrollment number _____ Blood Quantum _____ Phone number _____

Student Address _____

III. Parental Information

Mother () Indian () Non-Indian

Father () Indian () Non-Indian

A.) Father's Last Name _____ First Name _____ MI _____

Date of Birth _____ Tribal Affiliation _____

Enrollment number _____ Blood Quantum _____

B.) Mother's Last Name _____ First Name _____ MI _____

Date of Birth _____ Tribal Affiliation _____

Enrollment number _____ Blood Quantum _____

C.) Parental Status: **Please (x) all boxes that apply to the custody and residence of the child.**

1. () Natural Parent 3. () Other Family Members 5. () Legal Guardian

2. () Adoptive 4. () Foster 6. () Other _____

Release of Information: I authorize the Poarch Band of Creek Indians and their designated person(s) to obtain my child's tribal membership and/or blood quantum to determine eligibility for services.

PARENT SIGNATURE _____ DATE _____

IV. Verification Information

A.) The above named student meets the eligibility criteria as determined by the Bureau of Indian Affairs and I hereby certify that this student is a member of or is at least one fourth (1/4) degree Indian blood descendent of a member of an Indian tribe which is eligible for the special programs and services provided through the Bureau of Indian Affairs to Indians because of their status as Indians.

Signature of Authorized Bureau or Tribe Official

Date

B.) The above named student does **NOT** meet the eligibility criteria for the following reasons(s): _____

RELEASE AND WAIVER OF LIABILITY

I, for myself, my heirs and assigns, and as parent or legal guardian of the below referenced minor, do hereby agree as follows:

I agree that my minor child, _____, (hereinafter referred to as "the Child") is allowed to be transported in a vehicle owned by the Poarch Band of Creek Indians to participate in activities sponsored by tribal departments and instrumentalities including Education, Cultural, Recreation, Boys and Girls Club, and/or Archives/Records Management. I recognize and acknowledge that there are certain risks associated with transportation and travel over public highways including, but not limited to: collisions with other vehicles, collisions with stationary objects, mechanical failure, and accidents that may result in serious injury or death. I accept the risks associated with this travel and assume all such risks of my child being transported.

I understand and agree that the Child is required to remain properly seated and wear a seat belt, where available, while being transported to/from any Tribe sanctioned activity. I also understand and agree that the Child will follow the instruction of any counselor, teacher or chaperone associated with Tribe sanctioned activities.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN TRIBE ACTIVITIES, I HEREBY AGREE TO THE FOLLOWING:

1. I hereby release, waive, discharge and covenant not to institute any claim and/or prosecute any lawsuit against the Poarch Band of Creek Indians, a federally recognized Indian Tribe, its departments including Education, Cultural, Recreation and Archives/Records Management, or the Boys and Girls Club, an instrumentality of the Poarch Band of Creek Indians (hereinafter, collectively known as the "Tribe"), its agents, officials, employees, departments, enterprises, instrumentalities or entities, from any and all claims, costs, liabilities, expenses and judgments whatsoever, including attorneys' fees and court costs, arising out of, relating to, or in connection with any loss or damage, lost or stolen property, and any claim or demands therefore on account of injury to the person and/or property or resulting in the death of the Child, whether caused by the negligence of the Tribe or otherwise, arising out of, relating to, or in connection with the presence of the Child while traveling to/from or participating in any Tribe sanctioned activity.
2. I hereby agree to indemnify and hold harmless and defend the Tribe, its respective agents, officials, employees, departments, enterprises, or entities from any loss, liability, damage or cost the Tribe may incur arising out of, relating to, or in connection with the Child's presence while he/she is being transported to/from or participating in any Tribe sanctioned activity.
3. I hereby assume full responsibility for and risk of any and all bodily injury, death or property damage arising out of, relating to, or in connection with the Child's presence while he/she is being transported to/from or participating in any Tribe sanctioned activity.

I further expressly agree that nothing in this RELEASE AND WAIVER is to be construed as a waiver by the Tribe of sovereign immunity from suit, or as consent by the Tribe to the bringing of any

action against the Tribe, its agents, officials, employees, departments, enterprises, instrumentalities or entities in any court of competent jurisdiction.

I further expressly agree that the foregoing RELEASE AND WAIVER shall be subject to and governed by the laws of the Poarch Band of Creek Indians and that the Tribal Court of the Poarch Band of Creek Indians shall have original and exclusive jurisdiction over all actions pertaining to or arising out of this Release Agreement. Nothing contained in this Release Agreement or any related documents shall be construed or deemed to provide recourse against any tribal governmental assets or any other assets belonging to the Tribe.

I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY, and further agree that no representations, statements or inducements apart from the foregoing written statement have been made.

(Printed Name of Parent/Legal Guardian)

(Signature)

Date

PARTICIPATION OF MINOR CHILD

I, the undersigned, as parent or legal guardian of the minor Child listed below who is participating in a Tribe sanctioned activity, hereby knowingly and voluntarily execute this liability release and waiver with the intent of affirming and making effective all representations made herein by me. I have fully informed myself of the contents of this liability release and waiver, fully understand the terms contained therein, am aware of the legal consequences of signing the release and waiver, and consent to the same and on behalf of myself as well as in my authority as the parent or guardian of the above-named Child.

(Print Name of Minor Child)

(Signature of Parent or Legal Guardian)

Date