



Teca WaWokiye Cokata

Youth Application

Camper Name: _____ M F Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Phone: Home (____) _____ Cell (____) _____

In case of emergency: _____

Phone: (____) _____ Relationship: _____

Medical information (allergies, medicines, food, etc.): _____

Additional Information if needed: _____

Parent/Guardian signature: _____ Date: _____

Video/Photo release form

I understand that photographs or video may be taken of me/my child during this session for promotional use by Teca WaWokiye Cokata and/or Seventh Generation Fund for Indigenous Peoples. I understand that I will NOT receive compensation, monetary or otherwise in exchange for these images.

Parent/Guardian signature

Date

Camper signature

Date