Youth Education & Activities
Program Registration/ Liability Waiver

2025 Youth Leadership Conference

***Planned Activities*:** **2025 Youth Leadership Conference: Kewadin Casino**

Date(s): 11/21/2025

Time: 8:30 – 3:30 PM

Transportation: **Tribal Youth Council Members transportation through YEA Coordinator in your location.**

Please type or print clearly. Fill in all the blanks. All information is needed in case of emergency.

Participant Name:		Age:	T-Shirt Size:
Address, City, State, Zip:			
Grade:		**Tribal Affiliation**	Tribal Card Number **(RED #)**
Parent or Guardian(s) Name			
Email address:		**Phone:**	
Emergency Contact Name & Address		**Phone:**	
Special Needs Please Explain:			
Food Allergies if any:			

LIABILITY WAIVER

I acknowledge that my child will follow the rules set by the Sault Tribe Youth Education & Activities program while participating in their activities. If my child needs discipline, I will be contacted to handle the situation. I take full responsibility for any damage to person(s) or property caused by my child. Additionally, I waive any liability claims against the Sault Tribe Youth Education & Activities Program and its representatives. If my child requires immediate medical attention, I give consent for a licensed physician to treat my child at the nearest hospital.

I give permission for my child's photos to be taken and used for promotional advertising for future YEA activities. I understand that my child's photo may be shared with the local media, including the internet. Additionally, I authorize my child to be transported in the YEA Program Vehicle to and from program activities. This includes pick-up from our residence, transportation during activities, and drop-off at home. I understand that I must contact the YEA office if my child is to be picked up and dropped off at a location other than the parent/guardian address listed above.

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Parent Signature **Date:**