



Hoopa Valley Tribe Sponsored Summer 2026 Events in Hoopa, CA

Check which Event/Events your child will attend.

- |  |   |
|--|---|
| <input type="checkbox"/> Conditioning Clinic Summer 2026 | <input type="checkbox"/> Football Clinic Summer 2026  |
| <input type="checkbox"/> Volleyball Clinic Summer 2026   | <input type="checkbox"/> Wrestling Clinic Summer 2026 |
| <input type="checkbox"/> Youth GONA Summer 2026          |   |

Parent & Student Information Form

Child Details

- Printed Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Allergies/Medical Conditions: \_\_\_\_\_

Primary Parent/Guardian Contact

- Printed Full Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact if Parent/Guardian cant be reached.

- Printed Full Name: \_\_\_\_\_
- Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Photo & Media Release

I hereby [ ] GRANT or [ ] DO NOT GRANT permission for my child's photo or video to be used in promotional materials, social media, or newsletters.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature & Consent

I authorize Hoopa Valley Tribe staff to administer first aid or obtain emergency medical treatment for my child if necessary.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**PARTICIPANT RELEASE AND WAIVER OF LIABILITY FORM**  
**Please read carefully! This is a legal document that affects your legal rights!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_\_ (year) on behalf of \_\_\_\_\_ (name), (the "Participant"), releasing the Hoopa Valley Tribe (the "Tribe") and each of its departments, subsidiaries, entities, directors, officers, employees, and co-operators of any and all liability arising out of the Participant's participation in \_\_\_\_\_ (activity) from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) .

- Waiver and Release:** The Participant releases and forever discharges and holds harmless the Tribe and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities as a participant in the Event, including claims arising out of negligence. I/We understand and acknowledge that this Release discharges the Tribe from any liability or claim that I/we may have against the Tribe with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's involvement in the Event.
- Insurance:** I/We affirm that the Participant is covered by primary medical insurance and/or understand that I am responsible for the Participant's medical bills if injury occurs. Further, I/we understand that the Tribe does not assume any responsibility for or obligation to provide the Participant with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of the Participant's injury, illness, death or damage to his or her property. We expressly waive any such claim for compensation or liability on the part of the Tribe beyond what may be offered freely by the Tribe in the event of such injury or medical expenses incurred by the Participant.
- Assumption of Risk:** I/We, affirm that the Participant understands that the activities provided by the Event and which the Participant is involved in may include activities that are inherently dangerous to the Participant, including but not limited to

\_\_\_\_\_ .  
(activity)

I/We hereby expressly assume the risk of injury or harm of the Participant from these activities and Release the Tribe from all liability for injury, illness, death, or property damage resulting from these activities.

- Photographic Release:** I/We grant and convey to the Tribe all right, title, and interest in any and all photographs, images, video or audio recordings of the Participant or his or her likeness or voice made by the Tribe in connection with the Participant's involvement in the Event, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- Medical Treatment:** I/We hereby release and forever discharge the Tribe from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the Participant's activity with the Event. I/We give our consent for the Tribe to provide, administer, or obtain medical treatment for the Participant.
- Other:** I/We, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Hoopa Valley Tribe or other applicable laws and that this Release shall be governed by and interpreted in accordance with the laws of the Hoopa Valley Tribe. We agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

(If Participant is a minor, the Participant's Guardian must sign and complete below)

I, the Guardian of the above-named Participant, do hereby give my consent to his/her participation in all activities of the Event. The Participant and the Guardian desire that the Participant engage in activities related to serving or participating in the Event as a player or participant. The Participant and the Guardian are responsible for the Participant's own insurance coverage in the event of personal injury or illness as a result of participation in activities of the Event.

By signing below, I, the Guardian of the above-named Participant, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.

\_\_\_\_\_  
Participant's / Legal Guardian's Signature

\_\_\_\_\_  
Date

**HOOPA INSURANCE & RISK MANAGEMENT:**

DATE RECEIVED: \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_\_\_  
Print Name: First MI Last

**HOOPA VALLEY TRIBAL TANF PROGRAM**  
*TANF Prevention Projects Application & Waiver Form*



*Please print all information and fill out completely*

**HEAD OF HOUSEHOLD**

Last Name:	First Name:	Middle Initial:
Mailing Address:	City:	Zip Code:
Physical Address:		
Evening Phone:	Mobile Phone:	Day Phone:

Total Number in Household?	Number of Dependents Under 18?	Current TANF Client? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Does not determine eligibility)</i>	Former TANF Client? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Does not determine eligibility)</i>
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**HOUSEHOLD FAMILY MEMBERS**

List Household Family Members <i>Including Yourself</i>	Tribal Affiliation	Tribal Roll Number	Gender	Date of Birth	Relationship	Marital Status	Social Security Number	Name of School Attending

**AT RISK FACTORS**

Please check all that apply:

<input type="checkbox"/> Living in high rate crime area	<input type="checkbox"/> Living on Reservation	<input type="checkbox"/> Homelessness/housing
<input type="checkbox"/> Absent parent (single parent children)	<input type="checkbox"/> Previous involvement in juvenile justice	<input type="checkbox"/> Substance abuse issues
<input type="checkbox"/> Parents are not high school graduates	<input type="checkbox"/> Living in unstable school district	<input type="checkbox"/> Pregnant/parent teen
<input type="checkbox"/> Living with caretaker relative	<input type="checkbox"/> Being a member of a low-income family	<input type="checkbox"/> Domestic violence
<input type="checkbox"/> Have negative self-perception; low self-esteem	<input type="checkbox"/> Having low academic skills (not necessarily low intelligence)	

**PARTICIPANT WITH MEDICAL CONDITION**

Participant Name	Type of Condition/ Symptoms	Medications	Medical Provider	Telephone Number

**EMERGENCY CONTACT INFORMATION**

<b>Name:</b>	<b>Relationship:</b>	<b>Phone Number</b>
<b>Name:</b>	<b>Relationship:</b>	<b>Phone Number:</b>

**AUTHORIZATION FOR MEDICAL TREATMENT**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, do hereby consent to any medical care determined to be necessary for the welfare of myself or my child(ren) while under the care of Hoopa Valley TANF and while I am not reasonably available by telephone to give consent.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PHOTO, TRANSPORTATION, AND LIABILITY WAIVER**

**Photo Release:**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, do here by grant permission to Hoopa Valley TANF the right to use, reproduce, and/or distribute photographs, films, videotapes, and sound recordings of myself and my child(ren), without compensation or approval rights, for use in materials created for purposes of promoting the activities of Hoopa Valley TANF.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Transportation Release:**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_, do further give my CONSENT & LIABILITY RELEASE FOR MINOR CHILD TO BE TRANSPORTED IN A TRIBAL OWNED AND/OR LEASED VEHICLE, FOR TANF ACTIVITIES WHILE ENROLLED IN THE PROGRAM, AND ACKNOWLEDGE that the Hoopa Valley Tribal Council, Hoopa Valley Tribe, and their TANF Program accept no liability for any accident that may occur while my child is in transport. \_\_\_\_\_(Initial). NOW, therefore be it understood that the undersigned hereby agrees that the Hoopa Valley Tribe, Hoopa Valley Tribal Council, their TANF Program, their departments, entities, their sureties, and each of them shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any injury, damage, expense or loss to the person or property of the undersigned, incurred while being transported in a tribal vehicle. I FURTHER UNDERSTAND THAT MY CHILD MUST WEAR A SEAT BELT.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Liability Release:**

In consideration for being allowed to participate in activities provided by Hoopa Valley TANF, on behalf of myself and my next of kin, heirs, and representatives, I release for all liability and promise not to sue the Hoopa Valley Tribe, Hoopa Valley TANF, and their employees, officers, directors, volunteers, and agents for any and all claims, including claims of negligence, resulting in any physical or psychological injury (including death), illness, damages, or economic or emotional loss that I or my child(ren) may suffer because of my participation in activities provided by Hoopa Valley TANF, including travel to, from, and during the activity. I am voluntarily participating in activities provided by Hoopa Valley TANF and I assume all related risks, both known and unknown to me, of my participation and my child(ren)'s participation in the activities provided by Hoopa Valley TANF. I agree to hold Hoopa Valley TANF harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation or my child(ren)'s participation in activities provided by Hoopa Valley TANF. I understand the legal consequences of signing this document, including a photo release, transportation release, release of Hoopa Valley Tribe and Hoopa Valley TANF from all liability, promising not to sue, and assuming all the risks associated from participating in activities provided by Hoopa Valley TANF

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**CERTIFICATION**

**I certify that all information reported in this application is accurate to the best of my knowledge and hereby authorize the information to be used by the Hoopa Valley TANF Program for the purpose of data tracking.**

Head of Household Signature \_\_\_\_\_

Date \_\_\_\_\_

**Office use only: Determine status of this application: Circle Approved or Denied: If Denied, please note reason(s):**

TANF Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this application to:**

**or**

**Mail to:**

Hoopa Tribal TANF Projects

Hoopa Tribal TANF Projects

82 Willow Street

P.O. Box 728

Hoopa, California 95546

Hoopa, California 95546

ENTERED IN TAS BY: \_\_\_\_\_ DATE: \_\_\_\_\_

EFFECTIVE DATE 05/14/2019