

**Fairbanks Native Association / Johnson O'Malley Program**  
**Student Application**  
**2020 Alaska Native Youth Basketball Tournament**  
**March 9-11, 2020**  
**Tanana Middle School – 600 Trainor Gate Road**

**VOLUNTEER OPPORTUNITIES**

Coach    Door Collector    Timekeeper    Scorekeeper    Monitor    Concession

**STUDENT/PARENT INFORMATION**

Student Name (Last, First, MI):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height ,   ”	Date of Birth	Age
Parent Name:		Student Medical Conditions, if any:			
Mailing Address:		City:	State:	Zip Code:	
Home Phone:		Cell Phone:	Email:		
Student Grade:	Player position: <input type="checkbox"/> Guard <input type="checkbox"/> Center <input type="checkbox"/> Shooting Guard		Student Basketball Skill Level: <input type="checkbox"/> None <input type="checkbox"/> Good <input type="checkbox"/> Some <input type="checkbox"/> Comp/Varsity		

I affirm and acknowledge that I accept complete liability for my child, and furthermore that I waive any and all liability claims against Fairbanks Native Association, Inc. and its **Alaska Native Youth Basketball Tournament** program arising from or related to my child's involvement in the activity or activities listed on this form. I am the parent or legal guardian having legal custody of \_\_\_\_\_, a minor child. I, and my child's other parent, assume all risks associated with this activity or activities. We waive and agree not to make any claim against Fairbanks Native Association, Inc. or its employees for damages related to or arising out of personal injuries to my child as a result of participating in the **Alaska Native Youth Basketball Tournament** program or its activities. I agree that this WAIVER OF LIABILITY may be used as a bar to any recovery by the minor, by me, or by the child's other parent.

This WAIVER OF LIABILITY specifically waives and releases all claims alleging that Fairbanks Native Association, its agents, employees, officers or subcontractors were negligent or otherwise at fault, as well as other claims arising out of, or related to, my child's participation in the **Alaska Native Youth Basketball Tournament** programs and activities.

I understand that photographs taken of the **Alaska Native Youth Basketball Tournament** may be printed in the Fairbanks Native Association's newsletters, annual report, and/or brochures. This form releases FNA from any claims arising from the taking or use of photographs.

**SIGNATURE AUTHORIZATION AND ACKNOWLEDGEMENT** (Required – Parent and Student Signatures)

Student Signature	Student Printed Name	Date
Parent Signature	Parent Printed Name	Date

**Students showing disrespect to tournament sponsors and participants, displaying poor sportsmanship, obscene gestures, using profanity, and stealing will be asked to leave for the remainder of the tournament.**

**INCOMPLETE APPLICATIONS WILL RESULT IN STUDENT NOT BEING PLACED ON A TEAM.**

**APPLICATION DEADLINE: February 14, 2020. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE!**

**RETURN APPLICATIONS TO: FNA/JOM; 3830 South Cushman; FAIRBANKS, AK 99701  
 FAX: 907-456-4148      PHONE: 907-452-1648, EXT. 6403**

**PLEASE CALL TO CONFIRM APPLICATION HAS BEEN RECEIVED PRIOR TO DEADLINE!**

**JOHNSON O'MALLEY STUDENT CERTIFICATION**  
**Bureau of Indian Affairs**  
**Juneau Area Office**  
**Juneau, AK**

PRIVACY ACT STATEMENT:

Authority: The Act of January 4, 1975, P.L. 93-638, 88 Stat. 2203.  
 Purpose & Use: This Certification will be used for per capita funding of Johnson O'Malley supplemental education programs.  
 Consequences: Failure to submit this form will result in ineligibility for per capita funding under the conditions defined in 25 USC 450 b.

<b>JOM STUDENT INFORMATION</b>	<b>PUBLIC SCHOOL INFORMATION</b>
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1. \_\_\_\_\_  
Name (Last, First, MI)
  
2. \_\_\_\_\_  
Mailing Address
  
- \_\_\_\_\_
- City/Village, State & Zip Code
  
3. \_\_\_\_\_  
Date of Birthday (Month, Day, Year)

1. School District Name:  
Fairbanks North Star  
Borough School District
  
2. \_\_\_\_\_  
School Location
  
3. \_\_\_\_\_  
Grade Level

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<b>CERTIFICATION:</b>
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I certify that \_\_\_\_\_ for whom this application is made, is a member or at least a one-fourth degree Indian blood descendent of a member of an Indian Tribe which is eligible for the special programs and services provided by the United States through the Bureau of Indian Affairs to Indians because of their status as Indians.

I am aware that the law provides a penalty of not more than \$10,000.00 fine or five years in prison, or both for providing false information.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
TRIBAL AFFILIATION:  
(Athabaskan, Inupiaq, Yupik, etc.)

\_\_\_\_\_  
PRINTED NAME