

NATIVE CULTURE ~ POTLATCH DANCERS APPLICATION

Name _____ DOB _____

School _____ Grade _____ Age _____

Parent(s)/Guardian(s) _____

Home phone # _____ Work Phone # _____

Cell phone # _____

Physical Address _____

Mail Address _____

City, Zip Code _____

Email address _____

Emergency Contact Name _____

Phone _____

Medical conditions, if any _____

Fairbanks Native Association/Johnson O'Malley Program
714 4th Avenue, Fairbanks, AK 99701
(907)452-1648 x6403 Fax (907)451-6238

CODE OF CONDUCT AGREEMENT

I, _____ as a student attending _____
School have read and agree to abide by the JOM CODE of CONDUCT for participation in the Johnson O'Malley
Native Dance Practice sessions, competitions, and trips.

I understand that I am a representative of Fairbanks Native Association/Johnson O'Malley Culture Program
and will conduct myself accordingly.

Student Signature

Date

I, as a parent/guardian of _____ I have read the CODES OF
CONDUCT established for all students participating in Native Dance sessions, competitions, performances and/or
trips. If a student is sent home because of non-compliance with the codes, the student will be sent home at the
expense of the parents/guardians.

Parent/Guardian Signature

Date

Consent & Release

It is understood that the FNA JOM Potlatch Dance Group will participate in public performances and that photographs
and recordings of such performances may be made for advertising, promotion and fund raising by FNA to support
continuation of the JOM program. Additionally, the FNA JOM Potlatch Dance Group operates with assistance of
federal funding and is subject to the Federal Privacy Act (5 USC522a) the requires prior consent before FNA is
allowed to release any information, including photographs and recordings of performers.

I hereby consent to the photographing and recording of

During any performance, rehearsal, practice of specialty photographic/recording session of the FNA JOM Potlatch
Dance Group, and the use of such photographs and recordings for advertising, promotion and Fundraising for FNA,
the FNA JOM Potlatch Dance Group, and any FNA program or service.

Child

Parent/Guardian

Date

Date

09-13-22

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.

JOM STUDENT INFORMATION	PUBLIC SCHOOL INFORMATION
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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 Attending

3. _____
Grade Level

CERTIFICATION:

I certify that _____ for whom this application is made, is a member or a 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

PRINTED NAME TRIBAL AFFILIATION:
(Athabascan, Inupiaq, Yupik, etc.)

JOM CERTIFICATION

Release for Participation in FNA Program Activities

In consideration for being allowed to participate in FNA program activities, I (for myself and my child, if applicable) hereby agree to release Fairbanks Native Association, Inc. and its programs, agents, employees, and insurers (hereafter collectively "FNA") from any and all responsibility and liability for any physical or mental injury, death, damages, or loss, whether known or unknown, resulting from or arising as a result of my (or my child's, if applicable) participation in any FNA-sponsored activity including, but not limited to, fishing, swimming, camping, hiking, biking, sledding, basketball, baseball, skiing, skating, weight lifting, craft projects, food preparation, field trips, etc.

I understand that such program activities involve certain risks of injury, death, damages, or loss and that there are risks inherent in any physical activity. I understand that such risk can range from something as simple as slipping to twisting an ankle to the inattention of another participant to other causes of accidents. I understand and accept that I am solely responsible for any medical costs incurred from an accident or injury to me (or my child, if applicable) while involved in any FNA program activity. I understand that it is up to me to understand my (or my child's, if applicable) physical limits and that it may be advisable to check with a doctor if a regular course of exercise has not been engaged in previously. By signing below, I certify and agree that there is no medical reason why I (or my child, if applicable) could not participate in FNA program activities. I understand that FNA does not mandate my (or my child's, if applicable) participation in physically demanding activities.

I hereby agree to release FNA from liability for its conduct and acts or omissions, whether negligent, reckless, intentional, or otherwise, including any alleged failure to meet any standard of maintenance, safety, or care, and including future negligence by FNA. I understand and agree that by signing this release I certify and agree that I release FNA from any liability arising from or related to my participation (or participation by my child, if applicable) in FNA program activities. I understand and agree that this release means that I (and my child, if applicable) waive any cause of action, known or unknown, or right to make a claim against or sue FNA for any injury, death, damage, or loss of any kind, regardless of whether the injury, death, damage, or loss was allegedly caused by FNA, or other cause.

This release will continue to apply in the future unless I revoke it in writing. I understand that if any injury, death, damages, or loss occurs and I (or my child, if applicable), or anyone else on my (or my child's, if applicable) behalf takes any legal action against FNA for injury, death, damages, or loss, this release document may be filed by FNA with the court or arbitrator to seek dismissal of the legal action or claim. I have read and understand the contents of this release and agree to its terms.

Date

[Signature of participant]

[Printed name of participant]

Date

[Signature of parent or legal guardian]

[Printed name of parent or legal guardian]

cc: Staff Accountant – Insurance (the Program Director must ensure that a copy of this signed release is sent to the Staff Accountant – Insurance) (Revised May 18, 2007 JME)

For FNA program: _____