

Fairbanks Native Association / Johnson O'Malley Program
Student Application
2023 Alaska Native Youth Basketball Tournament March 13th - 15th, 2023
Tanana Middle School – 600 Trainor Gate Road
Applications due February 14th, 2023

VOLUNTEER OPPORTUNITIES					
<input type="checkbox"/> Coach <input type="checkbox"/> Door Collector <input type="checkbox"/> Timekeeper <input type="checkbox"/> Scorekeeper <input type="checkbox"/> Monitor <input type="checkbox"/> 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		
<p>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.</p> <p>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.</p> <p>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.</p>					
SIGNATURE AUTHORIZATION AND ACKNOWLEDGEMENT (Required – Parent and Student Signatures)					
Student Signature		Student Printed Name		Date	
Parent Signature		Parent Printed Name		Date	
<p>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.</p> <p>INCOMPLETE APPLICATIONS WILL RESULT IN STUDENT NOT BEING PLACED ON A TEAM.</p> <p>APPLICATION DEADLINE: February 14, 2023. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE!</p> <p>RETURN APPLICATIONS TO: FNA/JOM; 3830 South Cushman; FAIRBANKS, AK 99701 PHONE: 907-452-1648, EXT. 6403</p> <p>PLEASE CALL TO CONFIRM APPLICATION HAS BEEN RECEIVED PRIOR TO DEADLINE!</p>					

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 Location

3. _____
Grade Level

CERTIFICATION:

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



Model Release Form

Permission to use image, video, audio or interviews.

Program/Event: _____

Location: _____

I grant to Fairbanks Native Association, its representatives and employees, the right to take photographs, videos, interviews and/or recordings of me and my property in connection with the above-identified program and/or event. I authorize Fairbanks Native Association, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Fairbanks Native Association may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I agree that the photographs and video are the property of FNA and hereby release FNA from any and all claims that I may have from its use of my image or voice, including, but not limited to, any claim for compensation.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____ (if under age 18)

3830 South Cushman Street, Fairbanks, AK 99701

* Phone 907-452-1648 * Fax 907-456-4148 * www.fairbanksnative.org *