



## Yavapai-Apache Nation Summer Recreation Program

### Registration Form

The Yavapai-Apache Nation Summer Recreation Program will begin **Monday, June 2, 2025** and end on **Thursday, July 24, 2025**. Hours of operation are Monday through Thursday from 7:30 am to 5:30 pm and closed on Fridays. There will be no transportation provided except for field trips and special activities. Daily lunch will be provided for all program attendees. During the program, various recreational sports, activities, or other events will be organized for participants including but not limited to; arts and crafts, cultural activities, sports, fitness activities, board games, drug and alcohol prevention, etc.

*A registration form and blue card **must be completed before** your child may participate in the summer program.*

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ **(Must be 6 years or older to participate)** Gender (circle one): **Male** **Female**

Program Location (circle one): **Middle Verde** **Clarkdale**

Name of Parent/Guardian: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Cell: \_\_\_\_\_

## RECREATION PROGRAM AGREEMENT

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- I understand that it is my responsibility to transport my child to and from the recreation program each day.
- I understand that I must sign my child in and out daily and my child will not be allowed to leave once signed in unless signed out by me.
- I understand that it is my responsibility to inform the program of any special dietary restrictions, allergies, medical conditions, or other necessary information for staff to properly accommodate my child.
- I understand that if my child acts in an inappropriate manner that includes explicit language, bullying, physically injuring of persons or property, or other actions deemed inappropriate by program staff, I will be asked to pick up my child and depending on severity, my child may not be allowed to return to the program.
- Should my child not be able to attend a field trip, I understand that there may not be an alternate activity and I will need to keep my child home on that specified day.
- I understand that injury may occur to my child during the duration of the program and I authorize program coordinators and staff to seek emergency medical treatment as needed.
- **Registration Form and Blue Card must be received no later than May 23, 2025**

Return forms to:

**Administration Front Desk**

2400 W. Datsi Street

Camp Verde, AZ 86322

Phone: (928) 567-3649

Email: [adminfrontdesk@yan-tribe.org](mailto:adminfrontdesk@yan-tribe.org)

OR

**Nancy Ruiz**

**Executive Assistant**

2400 W. Datsi Street

Camp Verde, Arizona 86322

Phone: (928) 592-2699

Email: [nancyruiz@yan-tribe.org](mailto:nancyruiz@yan-tribe.org)

I hereby agree to abide by all rules and requirements of the Summer Recreation Program. I understand that non-adherence to rules and requirements will result in my child being sent home from the program for the day and/or forfeiture of participation in the recreation program for the duration of the summer. I hereby release and hold harmless the Yavapai-Apache Nation, its official officers, organizers, sponsors, supervisors, staff and volunteers for any and all accidents or injuries sustained to my child or property or that of my wards in relation to the Summer Recreation Program. I further waive any and all claims against the Yavapai-Apache Nation, its official officers, organizers, sponsors, supervisors, staff and volunteers for any and all accidents or injuries sustained in transportation during sponsored events and activities. I also authorize the program coordinator and staff to seek any medical attention for my child if required. Participants are not allowed to carry or possess any weapons, controlled substances, alcohol or paraphernalia. If any of these items are discovered, participant will be immediately excluded from the program and the Yavapai-Apache Police will be contacted.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_