

HOPI THREE MESAS, Inc.
APPLICATION CONSENT & AUTHORIZATION
(Youth ages 12-18 years of age)

Name: _____ Email: _____

Mailing Address: _____
P.O. Box #: _____ City: _____ Zip Code: _____

Physical Address: _____ Village/Community: _____

Primary Contact Phone #: _____ Student Phone #: _____

Date of Birth: _____ Age: _____ Gender: Female ☐ Male ☐ 2-Spirit ☐ N/A ☐
MM/DD/Year

Grade: _____ Current School Attending: _____

Village/Community Affiliation: _____ Clan: _____
(If different from physical address)

Privacy Statement: Information supplied in the application materials is used only by Hopi Three Mesas, Inc. staff for internal purposes only and disclosed only with your permission. Do you give permission for information to be disclosed to other Hopi organizations that serve Hopi Youth which may benefit your child? Yes ☐ No ☐

Also:

- I grant permission to my minor child to participate in activities with Hopi Three Mesas, Inc.
- I understand that my minor child will be subjected to the rules of the program and understand that my minor child may be dismissed from the program if he/she does not abide by the Hopi Three Mesas rules.
- I understand participants will also be traveling on and off the reservation, therefore I give permission for my minor child to travel with the Hopi Three Mesas, Inc. vehicles, staff, and chaperones.
- I agree to hold the Hopi Three Mesas, Inc. and its agents free and harmless from illness, injury, claim or expense that may arise due to participation in this program.
- I agree to provide a written letter of temporary guardianship from the legal parent or guardian, if student is visiting during the time of enrollment.

Legibly Print Name of Participant

Legibly Print Name of Parent or Guardian

Signature of Participant

Signature of Parent or Guardian

Date: _____

Date: _____

Office Use Only: ☐ ASP _____ ☐ SC _____ ☐ Other: _____ Initial: _____