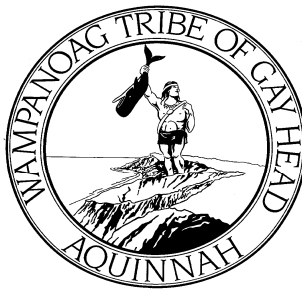


20 Black Brook Road
Aquinnah, MA 02535



Office: 508-645-9265
Fax: 508-645-3790

**Student Registration/ Emergency Contact Form
Wampanoag Tribe of Gay Head (Aquinnah)
Education Department Special Events**

*** IN ORDER FOR YOUR CHILD TO ATTEND THE EVENT, THIS FORM MUST BE COMPLETED FOR SAFETY**

PURPOSES.

Child's Name _____ Age _____ Date of Birth _____

Event Attending: _____

Street Address: _____

Mailing Address: _____

Parent or Guardian's Name _____ Relationship _____

Alternate Parent or Guardian _____ Relationship _____

Guardian's Phone #: _____ Alternate Phone #: _____

Emergency Telephone Number and Contact Name(s):

Does your child have any physical problems or restrictions? (If yes, please specify medications, restrictions, treatments, etc...)

Special Event Policies

Consent to Medical Treatment:

In case of accident or serious illness, I request the staff contact me and authorize the Wampanoag Tribe of Gay Head (Aquinnah) staff to obtain whatever medical attention seems appropriate including the use of emergency medical technicians reached through 911 services.

Please continue to back of page.

Wampanoag Tribe of Gay Head (Aquinnah)
A Federally Acknowledged Tribe

Dismissal/Pick-up:

If someone other than the parent or guardian will be picking the child up at the end of the program, I agree to notify Wampanoag Tribe of Gay Head (Aquinnah) Education Department staff in advance.

Transportation Permission/ Release of Liability:

I, _____, understand and agree to allow my child, _____, to be transported by the Wampanoag Tribe of Gay Head (Aquinnah) to various locations on or off Martha’s Vineyard for Education Department special events and programs. I agree that the transportation of my child by the WTGH (Aquinnah) will be at my own risk. I expressly, voluntarily, and knowingly release, agree to protect, hold harmless and indemnify the WTGH (Aquinnah) its employees, representatives, officers, agents, members, and any and all individuals or organizations affiliated with the WTGH (Aquinnah) from any liability, loss, damage, costs, claims, and/or courses of action, included but not limited to all bodily injuries, property damage, property loss, and/or theft of any property arising out of transportation of my child by the WTGH (Aquinnah).

I have read the above policies and have voluntarily signed with full understanding of their purposes.

Parent’s/Guardian’s Signature _____ Date _____

Please mail this completed form to: Wampanoag Tribe of Gay Head (Aquinnah)
Attn: Education Department
20 Black Brook Road
Aquinnah, MA 02535

You can also fax the form to the Education Department at: 508-645-9820

Wampanoag Tribe of Gay Head (Aquinnah) Education Department Contact Information:

Laura Edelman, Education Director	508-645-9265 x 153	laura@wampanoagtribe.net
Kitty Hendricks-Miller, Education Planning Coordinator	508-645-9265 x 151	khendricks@wampanoagtribe.net
Allison Colarusso, Education Department Assistant	508-645-9265 x 155	allison@wampanoagtribe.net

Wampanoag Tribe of Gay Head (Aquinnah)
A Federally Acknowledged Tribe