



**Saginaw Chippewa Indian Tribe**  
Recreation Department  
**Youth & Family Programs**  
Tribal Operations Eagles Nest Gym  
7070 E. Broadway Mount Pleasant MI, 48858



**Summer Fun Friday**

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Please sign and attach “Waiver of Liability and Release Form & Medical Consent” Form	
Player Registration	
Name of Student:	Date of Birth:
Grade:	School:
Medical History:	
Parent or Guardian Contact	
Contact Name:	Contact Name:
Phone #:	Phone #:
Cell #:	Cell #
Full Address:	Full Address:
Email Address:	Email Address:
EMERGENCY CONTACT	
Name:	Name:
Phone #:	Phone #:
Cell #:	Cell #:
Relationship	Relationship:

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[Type text]

# Saginaw Chippewa Indian Tribe

## Summer Fun Friday

### Registration Form

Deposits: \*\*\*Trips\*\*\* Require a deposit to equal to the Registration Fee. No show will result in the deposit being withheld. Cancellations need to be made two weeks in advance to guarantee refund.

<b>Family Discount</b> <b>1 Time USE Save \$5.00</b> <input type="checkbox"/>			
June 24 <sup>th</sup>	<input type="checkbox"/> <b>Canoe Trip</b>	<b>Free</b>	<b>NO DEPOSIT</b>
July 7 <sup>th</sup>	<input type="checkbox"/> <b>***Michigan Adventures Trip***</b>	<b>\$20.00</b>	<b>\$20.00</b>
July 14 <sup>th</sup>	<input type="checkbox"/> <b>Canoe Trip</b>	<b>Free</b>	<b>NO DEPOSIT</b>
July 28 <sup>th</sup>	<input type="checkbox"/> <b>SAGINAW CHIPPEWA DAY:</b>		
	<b>Horse-Shoe Tournament</b>	<b>\$10.00</b>	<b>NO DEPOSIT</b>
	<b>Corn-Hole Tournament</b>	<b>FREE</b>	<b>NO DEPOSIT</b>
August 4 <sup>th</sup>	<input type="checkbox"/> <b>Canoe Trip</b>	<b>FREE</b>	<b>NO DEPOSIT</b>
August 11 <sup>th</sup>	<input type="checkbox"/> <b>****Summer Lone Wolf Trip***</b>	<b>\$25.00</b>	<b>\$25.00</b>
August 18 <sup>th</sup>	<input type="checkbox"/> <b>***Summer Cedar Point Trip***</b>	<b>\$25.00</b>	<b>\$25.00</b>
August 25 <sup>th</sup>	<input type="checkbox"/> <b>Canoe Trip</b>	<b>Free</b>	<b>NO DEPOSIT</b>

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Driver's License or Tribal ID# (required):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

#### Office Use Only

<b>Fees</b> Registration Fee Family Discount <b>\$-5.00</b> Deposit   <div style="text-align: right;"><b>Total =</b></div>	<b>Due</b> \$ _____ \$ _____ \$ _____  \$ _____	<b>Paid</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____  <input type="checkbox"/> _____	<input type="checkbox"/> Copy to Parent or Guardian <input type="checkbox"/> Copy to <a href="mailto:Recreation@Sagchip.org">Recreation@Sagchip.org</a> <input type="checkbox"/> Waiver of Liability and Release Form & Medical Consent <input type="checkbox"/> Deposit Returned    Date _____ Initials _____  <b>NOTES:</b>   
<input type="checkbox"/> Fees Waived – Recreation Manger Initials : _____			Date Received _____ Staff Initials _____ <input type="checkbox"/> Entered on Recreation Shared Folder <input type="checkbox"/> Registration Complete / Receipt Attached
Cash \$ _____ Receipt # _____ Check # _____			