



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



Summer Fun Friday

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:

[Type text]

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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.

Family Discount 1 Time USE Save \$5.00 <input type="checkbox"/>			
June 30 th	<input type="checkbox"/> Canoe Trip	\$5.00	NO DEPOSIT
July 7 th	<input type="checkbox"/> ***Michigan Adventures Trip***	\$20.00	\$20.00
July 14 th	<input type="checkbox"/> Canoe Trip	\$5.00	NO DEPOSIT
July 21 st	<input type="checkbox"/> Canoe Trip	\$5.00	NO DEPOSIT
July 28 th	<input type="checkbox"/> SAGINAW CHIPPEWA DAY:		
	Horse-Shoe Tournament	\$10.00	NO DEPOSIT
	Corn-Hole Tournament	FREE	NO DEPOSIT
August 4 th	<input type="checkbox"/> Canoe Trip	\$5.00	NO DEPOSIT
August 11 th	<input type="checkbox"/> ****Summer Lone Wolf Trip***	\$5.00	NO DEPOSIT
August 18 th	<input type="checkbox"/> ***Summer Cedar Point Trip***	\$25.00	\$25.00
August 25 th	<input type="checkbox"/> Canoe Trip	\$5.00	NO DEPOSIT

Print Name: _____ **Signature:** _____ **Date:** _____

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

Office Use Only

Fees Registration Fee Family Discount \$-5.00 Deposit <div style="text-align: right;">Total =</div>	Due \$ _____ \$ _____ \$ _____ \$ _____	Paid <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 Recreation@Sagchip.org <input type="checkbox"/> Waiver of Liability and Release Form & Medical Consent <input type="checkbox"/> Deposit Returned Date _____ Initials _____ NOTES:
<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 # _____			