

MEM	DINÉ Y.O.U.T BERSHIP APPL	T.H. ICATION	OFFIC	E USE ONLY	
A OFNOV			Membership #: Checklist		
AGENCY Chinle Crownpo	oint □ Ft. Defiance □	Shiprock Tuba City	☐ Medical Health His ☐ Statistics Form/Inc ☐ Parent & Member ☐ Parent Orientation	ome	
YOUTH PROGRA	AM		Date Member Status:	<u>—</u>	
□ After School Program	n		New Member	Renewing Member# of years	
School Year:			Over 18 years old?	E V E N-	
□ Summer Program			Date Entered in	☐ Yes ☐ No	
School Year:			Database: ODY Staff Signature:		
□ Activity:			<u> </u>	L	
MEMBER INFO	ORMATION				
Last Name	First Name		ffix (Jr. etc.) Date	of Birth (MM/DD/YYYY) Age	
Mailing Address: (Addres	ss, City, State, Zip Code)			Nick Name	
Residential/Physical: (Pl	ease be specific; include house	e #, color, etc.)	Parer	nt E-mail Address	
		□ Male □ Female			
Home Telephone #	Message Phone #	Gender	Youth Part	icipant E-mail Address	
			□ Y	′es □ No	
School Name		Grade	Live i	n NHA Home?	
			Navajo/Diné Other American Indian	☐ African American☐ White	
Chapter Affiliation			☐ Hispanic/Latino ☐ Multiracial	Other	
DADENT/OUA					
PARENI/GUA	RDIAN INFORMA	IION	_		
Father/Guardian Name (Last, First, MI)			Occupation	Occupation	
Famer/Guardian Name (Last, First, IVII)		Occupation	on	
Father/Guardian Employ	or Namo		Work Told	ephone # & Ext.	
Tatrier/Guardian Employ	ei Naille		7 VOIX TER	priorie # & LXI.	
Mother/Guardian Name	(Last First MI)	Maiden Name	Occupation	nn	
Motrici/ Guardian Hame		Waldell Hallie			
Mother/Guardian Employ	ver Name		Work Tele	ephone # & Ext.	
		NA A TION		, p. 1.0.1.0 // G/	
EMERGENCY	CONTACT INFOR	RMATION			
Name (First ML Last)		Telephone #	Dalatianski	in.	
Name (First, MI, Last)		тетернопе #	Relationshi	h	
Persons authorized to ob	neck out student (must be 18 o	r older)			
T GISOTIS AUTHORIZED TO CI	TOOK OUT STUDENT (MUST DE 10 0	, older)			

Telephone #

Relationship

Name (First, MI, Last)

□ Yes □ No	□ Yes □ No
Individual Education Plan? If yes, please explain:	Receive Special Services?
ii yes, piedse explain.	
Is there anything you would like the Diné Y.O.U	J.T.H. to know about your child? (i.e. Behavioral/Interests/etc.)
(Initial) Diné Y.O.U.T.H. Program. I/We have e	né Y.O.U.T.H. rules and authorize my child's membership into the explained the rules of the program to my child and understand the sible for any accident to my child while on premises or one the office.
	H. program provides youth development in several areaselth, life skills, arts, fitness and recreation. I/We understand the care program.
(Initial) Y.O.U.T.H. and other sponsoring orga	nts and claims for damages, I/we may have against the Din nizations or representatives for any and all injuries sustained b tation to and from site of such activities, related indirectly/direct nese activities.
	O.U.T.H. to use any slides, photographs, images, video anng in any Diné Y.O.U.T.H. activity for Diné Y.O.U.T.H.'s reporting
program/activities. I/We authorize the Technician to act on my child's behalf	permission to attend and participate in Diné Y.O.U.T.H. Diné Y.O.U.T.H. staff members or qualified Emergency Medical and authorize admittance to a local health facility for emergence or appropriate medication and surgical procedures required.
Marchae Chantan	
Member Signature	Date
Parent/Guardian Signature	Date
Parent/Guardian Signature	 Date