



Tohono O'odham Nation  
Recreation Division  
P.O. Box 837  
Sells, Arizona 85634  
Telephone: 520-383-1260  
Fax: 520-383-1261



### Sells Recreation Center Tiny Tots Program 1year – 5 year olds

#### Participant Information:

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Village: \_\_\_\_\_

Does the participant have a Waiver of Liability form on file? ( ) Yes ( ) No  
If no, the form can be picked up at the Sells Recreation Center.

#### Parent/Guardian Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Medical Information:

Is participation taking any medication? ( ) Yes ( ) No

If yes, will the participant be taking medication during the duration of the program? ( ) Yes ( ) No

Participant's Medical Coverage: \_\_\_\_\_ Group ID: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Medical, Physical, or Mental conditions we need to be aware of? (i.e. asthma, allergies, diabetes, surgeries, etc.) Immunizations up to date  
\_\_\_\_\_

List Medication \_\_\_\_\_ Limitations/Restrictions: \_\_\_\_\_

#### EMERGENCY INFORMATION:

In case of an emergency list contact person(s) (other than parent/ guardian):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my child \_\_\_\_\_ permission to participate in the Tiny Tots Program. I hereby grant the Tohono O'odham Nation Recreation Division and hereby release and hold harmless Tohono O'odham Nation; it's Chairman and council and any officers, employees or agents thereof, including without limitation the Tohono O'odham Nation Recreation from any and all claims, liabilities or demands whatsoever arising out of the enrollment or participation in this program by the participant herein.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_