

ONEIDA NATION YOUTH ENRICHMENT SERVICES (Y.E.S.) PROGRAM

PERMISSION, CERTIFICATION AND RELEASE

INSTRUCTIONS: Complete each section below and return this form to the Oneida Nation Y.E.S. Program, P. O. Box 365, Oneida, WI 54155. A copy of this form must be on file with the Y.E.S. Program prior to enrollment in the Program.

Student Name:

D.O.B.:

Current School of Attendance:

Permission to Photograph

I understand that the Oneida Nation may take photographs of YES Program participants and activities. I agree the Oneida Nation shall be the owner of and may use such photographs relating to the promotion of future activities. I relinquish all rights that I may claim in relation to the use of said photographs.

Parent/Guardian Signature:

Date:

Certification to Hold Harmless

By signing below, I agree to hold harmless and indemnify the Oneida Nation, their officers, employees and agents, and the YES Program, from any and all liability, loss, damages or expenses which are sustained or required during the course of these events.

Parent/Guardian Signature:

Date:

Authorization to Obtain and Disclose Information

I, the undersigned, hereby authorize the Green Bay Area Public School District to disclose to the YES Program of the Oneida Nation any means (e.g., verbal, written or electronic) the following records regarding the above named student: attendance, grades, enrollments and behavior. I authorize the YES Program to disclose by any means (e.g., verbal, written or electronic) information regarding the above named student to the Green Bay Area Public School District. I understand that the information is requested for the purpose of administering the YES Program. I understand that I have a right to a copy of the records that are disclosed and a right to a copy of this authorization (a fee for education record copies may be imposed.)

Withdrawal of Authorization – I understand that I have a right to revoke this authorization, except to the extent that disclosure has already been made in reliance on this authorization. I understand that my revocation is effective only if it is in writing and it is submitted to the individual/agency that is releasing information.

This permission is valid until revoked. A copy of this form is as effective as the original. I certify that I am the parent, legal guardian, personal representative of the above named student, or that I am the student and of majority age and have authority to sign this release.

Signature (Parent/Guardian)

Date

Signature (Student – if applicable)

Date

Print Name (Parent/Guardian)

Relationship to Student (parent, guardian, personal representative or adult student)