

Date Received: UA
Enrollment Passed Failed

2024 SALISH & KOOTENAI ALL-STAR APPLICATION

NAME: _____ HIGH SCHOOL: _____ GRADE: _____
ADDRESS: _____ CITY: _____
TRIBAL AFFILIATION: ___ CSKT Enrolled ___ CSKT 1st Generation Descendent ___ Other Tribe: _____

The following must be completed in order to be considered for the All-West Native American Basketball Classic on behalf of the Salish and Kootenai Housing Authority. **Failure to return the completed forms and drug test by Monday March 11, 2024 no later than 5:00 P.M., in agreement to the conditions stated herewith, will disqualify you from participation.**

Priorities for team selection are: 1) Timely completion & submittal of all required forms 2) Graduating Seniors will have priority 5) When all else is equal, Preference will be given to CSKT Tribal members.

GOALS

1. Develop and maintain a positive environment – on and off the court.
2. Develop a team spirit while increasing self-worth.
3. Identify strengths and weaknesses and use these as building blocks.
4. Be competitive in a healthy manner.
5. Add to our memory bank another great time that was **drug-free!**
6. Meet new friends.
7. Be good role models.
8. Play some ball and win some games!

RULES PERTAINING TO CHOSEN TEAM

1. **PRACTICE ATTENDANCE:** Any player missing one (1) practice without prior approval from the coach will be dismissed from the team.
2. **ATTITUDE:** Any player displaying acts of defiance or refusing to cooperate to the coach's satisfaction will be dismissed from the team.
3. **CONDUCT:** Any player reported to be using drugs (tobacco, alcohol, etc.) or possession of paraphernalia, substantiated by more than one witness, will be dismissed.
4. **PLAYER WILL NOT BE ALLOWED TO BE CHECKED OUT DURING TOURNAMENT, THIS IS A GROUP ACTIVITY AND WOULD LIKE EVERYONE TO PARTICIPATE AND STAY TOGETHER.**
5. **PARENT RESPONSIBILITY:** Any player who disobeys the rules set forth may be disqualified from participation at any time. **If disqualification arises during travel, the player will be sent home AT THE PARENT'S EXPENSE.** Parent's failure to comply with this will disqualify from playing in the tournament and future participation of player and or other family members until payment is made.
6. **SKHA provides a daily allowance of \$30 per player. If your child would like additional spending money, it is the parent's responsibility to provide extra funds to them.**
- 7.

We, the undersigned, have read the goals and rules stated herein and hereby accept and agree that these rules are necessary for the protection and enjoyment of every participant of the All-West Native American Basketball Classic.

Player/Participant Signature

Date

Parent/Guardian Signature

Date

ASSUMPTION OF RISK AGREEMENT AND PARENTAL RELEASE

I, _____ (*Parent/Guardian*), give my permission for the following youth to be transported by the Salish and Kootenai Housing Authority to attend and participate in the activities as defined below:

Youth Name: _____ Age: _____ Grade: _____

Youth Name: _____ Age: _____ Grade: _____

ACTIVITY: *2024 Salish & Kootenai All-Star Team activity within the State of Montana and in Lakewood, Colorado, beginning on March 21, 2024 and ending on March 24, 2024, for preparation and participation in the 39th Annual All-West Native American 100 Basketball Classic. This includes the duration of team tryouts, to participation and travel to the tournament.*

(Read and Initial)

_____ I know and understand that participation is voluntary and I release and discharge the Salish & Kootenai Housing organization, staff, chaperones, and the Confederated Salish & Kootenai Tribes from any liability resulting from or arising out of any incident, or in participating in drug-free activities sponsored by Salish & Kootenai Housing Authority.

_____ I hereby affirm that the said participant(s) is/are in good physical condition and does not/do not suffer from any physical disabilities that would prevent them from participating in these activities.

_____ If I am unable to accompany above-named youth(s), I give permission for Salish & Kootenai Housing Authority chaperones to be responsible for said youth(s) and to seek medical attention if deemed necessary.

_____ I have read, understand and agree to the AMERIND All-west Native American 100 Basketball Classic
Legal Release: *In consideration of this entry in the AMERIND All-West Native American Basketball Classic, I/we, the above sponsor(s)/coach(es), and all of the individual chaperones and players on this team, release AMERIND Risk Management Corp., the Gold Crown Foundation, the United Native American Housing Association, the All-West Native American Youth Association, Hampton Inn, Hilton, DoubleTree, Marriott, La Quinta, Hyatt, Kroenke Sports Enterprises and their respective officers, members, agents, sponsors and employees from any actions, claims, and demands of any kind and nature that may arise from, or in connection with, any participation or proposed participation in this tournament. I/we accept the risks involved and waive all rights of any kind that may otherwise exist. I/we further agree to provide a copy of this release to each individual player, chaperone or other person associated with our team.*

I hereby affirm that I have read, understand, and willingly agree to allow above-named youth(s) to participate in the activity defined.

Parent/Guardian Signature

Date

EMERGENCY TREATMENT

PARTICIPANT: _____ **S.S#:** _____ **D.O. B:** _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination, and immunization for the above-named student. In the event of serious illness, the need for major surgery, or of significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible.

If said physician is unable to communicate with me, the treatment necessary for the above-named student will be administered.

In the event that an emergency arises during the practice session, an effort will be made to contact me as soon as possible.

Permission is also granted to the athletic trainer, coaches, or advisors to provide the needed emergency treatment for the participant prior to her/his admission to a medical facility.

Parent/Guardian Signature **Date**

PARENT/LEGAL GUARDIAN #'s: _____ **(Home)** _____ **(Cell)** _____ **(Other)** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PARENT/LEGAL GUARDIAN'S OCCUPATION: _____

PARENT/LEGAL GUARDIAN'S WORK ADDRESS: _____

REGULAR PHYSICIAN'S NAME#: _____

MEDICAL INSURANCE CARRIER (*Insurance Company*): _____

INSURANCE ID #: _____

OTHER EMERGENCY CONTACT: _____

OTHER EMERGENCY CONTACT #'s: _____ **(Home)** _____ **(Cell)** _____ **(Other)** _____

List any existing health conditions or medications specific to the youth(s) participating, as well as any major surgeries or treatments that were administered in the past 5 years.

ELIGIBILITY VERIFICATION

HIGH SCHOOL ENROLLMENT

I hereby affirm that _____ (Participant Name) is currently enrolled and in good standing in the following high school:

SCHOOL NAME: _____

I have verified his/her most current grade point average as listed below:

GRADE POINT AVERAGE: _____

ADDITIONAL COMMENTS: _____

Principal Signature

Date

TRIBAL AFFILIATION

Verification of enrollment in a Federally Recognized Tribe or verification of being a 1st generation descendent of a Federally Recognized Tribe **MUST BE ATTACHED** or application will be deemed incomplete.

I hereby affirm and have attached verification of the following:

_____ Participant, with Tribal ID# _____, is an enrolled member of the _____ Tribe.

_____ Participant is a 1st generation descendent of the _____ Tribe.

Name of enrolled parent: _____ Enrollment #: _____

Enrolled Member Signature

Date

DRUG SCREENING

I hereby affirm that _____ has completed the required drug screen and has paid the \$5 fee to meet eligibility requirements for the 2023 Salish & Kootenai All-Star Team.

SKHA Employee Signature

Date