

Tossel Workshop May 19th-May 20th, 2026

Parent & Student Information Form

Student Details

- Full Name: _____
- Date of Birth: ____ / ____ / _____
- Allergies/Medical Conditions: _____

Primary Parent/Guardian Contact

- Full Name: _____
- Relationship to Student: _____
- Phone (Mobile): _____

Secondary Parent/Guardian Contact

- Full Name: _____
- Relationship to Student: _____
- Phone (Mobile): _____

Emergency Contact (If parents/guardian cannot be reached)

- Full Name: _____
- Relationship: _____
- Phone: _____

Photo & Media Release

I hereby GRANT / DO NOT GRANT permission for my child's photo or video to be used in promotional materials, social media, or newsletters.

Signature: _____ Date: _____

Signature & Consent

I authorize Hoopa Valley Tribe staff to administer first aid or obtain emergency medical treatment for my child if necessary.

Printed Name _____ Signature: _____ Date: ____/____/____