**2024 Seafair Powwow Dance Competition Registration Form**

**Entry Deadline:** Before Grand Entry (11:55 am) Saturday, July 20th, 2024

Submit completed forms at the powwow registration table or email to events@unitedindians.org with subject line “2024 Seafair Powwow Dance Competition Registration.”

**Contestant Number:** #\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Contestant number will be assigned during powwow check-in.

**Personal Information**

Name (First, Middle, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native American Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

English Translation (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Affiliation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

School (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Year (or expected): \_\_\_\_\_\_\_

 **Dance Categories (Select One per Age Group)**

**Age Group:**

[ ] Teens (13-17) [ ] Adults (18-54) [ ] Golden Age (55+)

**Dance Style:**

**Men’s**

[ ] Traditional [ ] Grass [ ] Fancy [ ] Chicken

**Women’s**

[ ] Traditional [ ] Jingle [ ] Fancy

**Teen Boy’s**

[ ] Traditional [ ] Grass [ ] Fancy [ ] Chicken

**Teen Girl’s**

[ ] Traditional [ ] Jingle [ ] Fancy

**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Contestant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Secondary Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Liability Waiver**

By signing below, I acknowledge and agree to the following:

1. I voluntarily choose to participate in the 2024 Seafair Powwow Dance Competition, understanding it involves physical activity that could result in injury.
2. I assume all risks, including falls, contact with others, and weather effects such as heat and humidity.
3. I release United Indians of All Tribes Foundation, its officers, employees, and volunteers from any claims or liabilities for loss, damage, or injury, including death, arising from my participation.
4. I am responsible for ensuring I am physically fit to participate and will stop if I experience any unsafe symptoms.
5. I authorize United Indians of All Tribes Foundation to obtain emergency medical treatment for me if needed, and I will cover any associated costs.

I also permit United Indians to photograph/film/record my participation for public education, communications, and promotional materials, if prohibited culturally inform registration staff.

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Contestant is Under 18:**

As Parent/Legal Guardian, I understand and support the qualifications, responsibilities, procedures, and obligations for my child/relative to participate in the Seafair Powwow Dance Competition. I permit United Indians to photograph/film/record my child for public education, communications, and promotional materials, if prohibited culturally inform registration staff.

I acknowledge and agree to the liability waiver and authorize emergency medical treatment for my child if necessary.

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

Print Full Name (First, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_