

# BISHOP TANF PRESENTS

Pregnancy Prevention

# BASKETBALL

## *Against Alcohol & Drugs*



**Registration Packets must be turned in by  
November 30, 2022 by 12:00 PM.**

**GRADES: 1ST THROUGH 8TH**

Registration forms are available at the Tribal TANF Office located at  
2574 Diaz Lane, Bishop and online at [www.ovcdc.com](http://www.ovcdc.com).

**Please note\* Events may be changed and/or cancelled due to  
emergency circumstances. Please keep an eye out for all updates via  
our OVCDC Facebook page as well as our website. [www.ovcdc.com](http://www.ovcdc.com).**

**Divisions: 1st-2nd, 3rd-4th, 5th-6th, 7th-8th**

\*Open to all interested youth, boys and girls of all skill levels.

\*There is NO participation Fee for families who have 1 Native American in their household.

\*Individuals who do NOT meet the prevention eligibility criteria will be charged a fee of \$40.

**(Payment to be made by cash or check to OVCDC, P.O Box 847 Bishop CA at the TANF office at 2574 Diaz LN)**

**A basketball clinic will take place Saturday  
November 19th, 2022.**

Please refer to calendar for division times.

**Contact Tiara or  
Ambroshia for  
more information  
at (760) 873-5107.**



# November 2022 Youth Co-Ed Basketball Clinic

## Basketball Against Alcohol and Drugs

# BAAD

SUN

MON

TUE

WED

THU

FRI

SAT

Offered to  
youth 1st-8th  
grades

Nov

1

2

3

4

5

6

7

8

9

10

11

12

**Veteran's Day**

13

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19

**We ask all coaches to please be in attendance for the  
age group you are coaching.**

**1st/2nd: 9a-11a**

**3rd/4th: 11:30a-  
1:30p**

**5th/6th: 2p-4p**

**7th/8th: 4:30p-  
6:30p**

20

21

22

23

24

25

26

**Thanksgiving**

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Open to all youth who have a Native American in the household. Also open to youth who do not meet eligibility criteria. Ineligible youth will be required to pay a \$40 fee to participate in the clinic and the league which starts in January 2023. TANF participant priority.

OVCDC Tribal TANF  
Clinics take place at:

**Barlow Lane Gym**  
**390 North Barlow**

Phone: 760-873-5107  
Tiara Shoshone  
TANF office at 2574 Diaz  
Lane

# OVCDC Activity Registration & Waiver form

Please print all information and fill out completely, failure to do so may cause your application to be denied.

November 2022 – March 2023

**Activity: Basketball Against Alcohol and Drugs**

**Adults First Name:**

**Last Name:**

**Street/Mailing Address:**

**City:**

**Zip Code:**

**Evening Phone:**

**Mobile Phone:**

**Day Phone:**

**County:**

## PARTICIPANT INFORMATION

PARTICIPANT'S NAME	AGE	GENDER	GRADE	PLEASE RATE YOUR YOUTH:	JERSEY SIZE (sizes will be adult unless otherwise specified)
				beginner, intermediate, advanced	XS, S, M, L, XL, XXL, other:
				beginner, intermediate, advanced	XS, S, M, L, XL, XXL, other:
				beginner, intermediate, advanced	XS, S, M, L, XL, XXL, other:
				beginner, intermediate, advanced	XS, S, M, L, XL, XXL, other:
				beginner, intermediate, advanced	XS, S, M, L, XL, XXL, other:
				beginner, intermediate, advanced	XS, S, M, L, XL, XXL, other:
				beginner, intermediate, advanced	XS, S, M, L, XL, XXL, other:

Are you interested in volunteering as a coach/asst. coach/referee/scorekeeper/bookkeeper?\_\_\_YES\_\_\_NO

If so, please specify:\_\_\_\_\_Phone number to contact if interested: \_\_\_\_\_

**Tribal TANF requires there to be at least one Native American individual in the household to be eligible for prevention services.**

I understand a \$40 fee will be assessed for each child who does not meet Tribal TANFeligibility requirements\_\_\_\_\_YES\_\_\_\_\_NO

- Coach and/or Player requests may not be honored.
- If parent wants to move child up, a parent MUST coach.

Head of Household Signature\_\_\_\_\_

Date\_\_\_\_\_

# Prevention Program Application & Activity Registration & Waiver form

## PARTICIPANT WITH MEDICAL CONDITION

Participant Name	Type of Condition/Symptoms	Medications	Medical Provider

## EMERGENCY CONTACT INFORMATION

Name:	Phone Number:	Relationship:
Name:	Phone Number:	Relationship:

## AUTHORIZATION FOR MEDICAL TREATMENT

I, the undersigned, hereby attest that I have the legal responsibility to authorize consent for myself and/or other household members listed on this form. I authorize and consent to OVCD and its TANF sub-recipients, authorized agents, contractors, officials, volunteers or employees, to provide persons, including minors, listed on this form with first aid, CPR, and other emergency medical care as appropriate, and to seek, initiate, and authorize emergency medical care on their behalf.

## PHOTO, SOCIAL MEDIA, TRANSPORTATION AND LIABILITY WAIVER

**Sovereign Immunity.** I, the undersigned, hereby acknowledge that the Owens Valley Career Development Center ("OVCD"), including its TANF and other programs, is a tribal consortium, without authority to waive the sovereign immunity of any consortium member Tribe. Any waiver of the sovereign immunity of the consortium member Tribes can only be provided by the written consent of the consortium member Tribe's governing body. Any waiver of the sovereign immunity of OVCD can only be provided by the written consent of the OVCD Board of Trustees. No such waivers have been provided by the terms of this Prevention Program Application & Activity Registration & Waiver Form ("Form").

**Acknowledgement of Risk.** I, the undersigned, acknowledge and fully understand the inherent risks of serious injury or death associated with OVCD sponsored events. OVCD sponsored events may include hiking, backpacking, biking, swimming, canoeing, horseback riding, skiing, snowboarding, cooking on an open fire, camping, and other activities associated with the outdoor experiences. These inherent risks include encountering natural dangers such as falling rocks or objects, irregular or uneven ground, unseen and unmarked objects, drowning or serious injury in and around water, water impurities, severe weather, sunburn, contact with plants, animals or insects and the like. Inherent risks also include acts or omissions of other participants, my own acts and omissions, availability of first aid and emergency treatment and consumption of food or drink by myself. OVCD sponsored events may include activities conducted away from the event location ("Off-site Activities"). These may include overnight or day hikes, canoeing excursions, trips to museums, and other similar activities. OVCD may arrange for bus, van or private car transportation to facilitate such Off-site Activities and I acknowledge that such Off-site Activities, including transportation to and from the site by whatever means are deemed reasonable and appropriate by OVCD or its TANF sub-recipients, authorized agents, contractors, officials or employees are deemed a part of the OVCD sponsored event.

**Waiver of Rights and Release of Liability.** I, the undersigned, hereby release, waive and discharge OVCD and its TANF sub-recipients, authorized agents, contractors, officials or employees, and insurance carriers from all actions or claims from myself, my heirs or my personal representatives for any loss damage, injury, or liability arising out of or in connection with participation in OVCD sponsored events, including use of OVCD facilities and equipment.

**Indemnification and Hold Harmless.** I, the undersigned, hereby agree to indemnify and hold harmless OVCD and its TANF sub-recipients, authorized agents, contractors, officials or employees, and insurance carriers from and against all losses, damages, monetary awards and expenses, including all costs and attorney's fees incurred by OVCD in connection with any and all claims asserted against OVCD by any third party in connection with my and/or the individuals listed on my Prevention Application participation in OVCD sponsored events.

**Photographs and Audio/Digital Recordings.** \* Please select one choice. \*

- [ ] I, the undersigned, hereby **grant** OVCD and its TANF sub-recipients permission to take and use for any lawful purpose and without additional compensation photographs and audio/digital recordings of myself and/or the individuals listed on my Prevention Application while participating in any OVCD sponsored event. Participant name or any other personal information will not be disclosed with the photograph without Participant's permission.
- [ ] I, the undersigned, hereby **do not grant** OVCD and its TANF sub-recipients permission to take and use for any lawful purpose and without additional compensation photographs and audio/digital recordings of myself and/or the individuals listed on my Prevention Application while participating in any OVCD sponsored event.

**Severability.** If any provision of this Waiver is found invalid or unenforceable by a court of competent jurisdiction, the remaining portions will remain in full force and effect.

Adult /Parent / Guardian Signature

Date

Print Name

Relationship to Minor Children

Adult/Parent / Guardian Signature

Date

Print Name

Relationship to Minor Children



## OWENS VALLEY CAREER DEVELOPMENT CENTER COMMUNITY BASED NEEDS ASSESSMENT

**This survey is designed to gain knowledge of services, and educational workshops OVCDL will plan to offer. Please mark all that apply.**

Site: \_\_\_\_\_

Date: \_\_\_\_\_

### Emergency Services

Food

Housing

Utilities

Childcare

Clothing

Transportation

Other, specify: \_\_\_\_\_

### Literacy/Education Services

Reading & Writing

G.E.D./High School Diploma

University

Certification/Licensing (i.e Class B)

Learning Disability Resources

Education Preparation (soft skills)

College/College Preparation

Entry Level to Advanced Computer Skills

Educational Resources

Other, specify: \_\_\_\_\_

### Job Training

Job Skills/Vocational Training Opportunities

How to Prepare a Resume

Interviewing Skills

Job Search/Career Guidance

Unemployment Benefits

Disability Assistance/rights

### Health/Nutrition Education

Medical Insurance

Find a Doctor/Dentist

Women's Health

Men's Health

Prenatal Care

Immunizations

Traditional Foods

Healthy Eating

Fitness/Weight Management

Health Conditions

Smoking: Stop & Dangers

Other, specify: \_\_\_\_\_

### Mental Health/Substance Abuse Services

Mental Health Concerns/Depression

Stress/Time Management

Raising Self-esteem & Self-confidence

Substance Abuse Prevention/Treatment

### Child Support Assistance

Social Services Program

Child Support/Divorce & Custody Issues

Other, specify: \_\_\_\_\_

### Child Abuse and Neglect Services

Raising Self-esteem & Self-confidence  
(Self concept/Self Identity)

Child Abuse Prevention

### Family Violence Services

Family Violence

Domestic Violence

Sexual Assault

Restraining Order

Relationship and Dating

Communication/Relationship skills

Other, specify: \_\_\_\_\_

### Legal Assistance

Assistance of Families of Incarcerated  
Re-entry Assistance  
Expungement Assistance

Court Appointed Parenting Classes  
Foster Care/Adoption

Other, specify: \_\_\_\_\_

### Personal Development

Mentoring  
Self-Concept/Self identity  
\*Tribal Self-Identity  
\*Life Skills  
CPR/First aid  
Financial Education  
Debt Counseling

Leadership Skills  
Communication Workshop  
Wellness/Self-Empowerment  
Emergency/Disaster Training  
Opening Savings and Checking Accounts

Other, specify: \_\_\_\_\_

### Parent Education

Prenatal/Early Learning Education  
Children with Special Needs  
Single Parent Homes  
Raising Grandchildren  
Adverse Childhood Experiences (ACES)

Co-Parenting Skills  
Step-Parenting/Blended Families  
Male/Father Involvement  
Traditional Parenting

Other, specify: \_\_\_\_\_

### Culture and Tradition

Language  
Which Tribal Language: \_\_\_\_\_  
Basket Making  
Traditional Games  
Regalia Making

Beading  
Gathering  
Traditional Instruments

Other, specify: \_\_\_\_\_

### Comments:

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Optional: This form is anonymous but if you would like additional information on any specific need or topic, please complete this section and someone from our office will contact you.

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

Phone: \_\_\_\_\_

**THANK YOU FOR YOUR FEEDBACK.**

