

**REGISTER NOW**



**Registration  
Packets *MUST BE*  
turned in by  
November 1, 2023  
by 12:00 PM.**

**BISHOP TANF**  
**BASKETBALL**  
**CO-ED LEAGUE**

**AGES 1ST THROUGH 8TH GRADE**

**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 November 18th & 19th, 2023.**

**Please refer to calendar for division times.**

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).

**Contact Site  
Manager  
Ambrosia Stone  
for more  
information at  
(760) 873-5107.**



# November 2023 Youth Co-Ed Basketball Clinic

## Basketball Against Alcohol and Drugs

# BAAD

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11 <b>Veteran's Day</b>
12	13	14	15	16	17	18 Grades 1st-2nd: 9-12pm Grades 3-4th: 1-4pm
19 Grades 5th-6th: 9-12pm Grades 7th-8th: 1-4pm	20	21	22	23	24	25
26	27	28	29	<b>Thanksgiving</b>		

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 2024. TANF participant priority.

**Basketball Clinics to be held at:**

Barlow Lane Gym,  
North Barlow Ln

For more information, please contact Ambrosia Stone at (760) 873-5107, Ext. 255 and/or (760) 920-5721.

# 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 2023-March 2024

**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 TANF eligibility requirements  YES  NO

- Coach and/or Player requests may not be honored (unless there is good cause).
- If parent wants to move child up, a parent MUST coach (depending on availability and number of teams).

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 OVCDC 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 ("OVCDC"), 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 OVCDC can only be provided by the written consent of the OVCDC 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 OVCDC sponsored events. OVCDC 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. OVCDC 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. OVCDC 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 OVCDC or its TANF sub-recipients, authorized agents, contractors, officials or employees are deemed a part of the OVCDC sponsored event.

**Waiver of Rights and Release of Liability.** I, the undersigned, hereby release, waive and discharge OVCDC 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 OVCDC sponsored events, including use of OVCDC facilities and equipment.

**Indemnification and Hold Harmless.** I, the undersigned, hereby agree to indemnify and hold harmless OVCDC 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 OVCDC in connection with any and all claims asserted against OVCDC by any third party in connection with my and/or the individuals listed on my Prevention Application participation in OVCDC sponsored events.

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

[ ] I, the undersigned, hereby **grant** OVCDC 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 OVCDC 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** OVCDC 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 OVCDC 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 OVDCD 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.**

