



SALISH & KOOTENAI HOUSING AUTHORITY
OF THE FLATHEAD RESERVATION

Thank you for your interest in the 2022 Salish & Kootenai All-Star team.

GOOD LUCK to all of our Flathead Reservation teams on tournament play. Due to state tournament timing and the Mission Valley All-Star Game, the Salish and Kootenai Housing Authority has scheduled a one-day tryout session as follows:

TRYOUTS will be held on **March 14, 2022, at the Ronan Event Center, from 6:00 P.M. – 8:00 P.M.** Team selections will be made and selected players will be notified by phone on **March 15, 2022.** **

To be eligible for tryouts, the attached application and the drug screening will need to be completed and submitted to the Housing Authority no later than 5:00 P.M. on Monday, March 14, 2022.

Drug screenings will be made available at the Housing Authority Office on weekdays, from 7:00 A.M. – 5:30 P.M. Please call to schedule an appointment with Monique ext. 1515 or Kyle ext. 1516. No exceptions for late applications.

Applications may be returned to the following:

By Delivery: Salish & Kootenai Housing Authority
Front Desk
56243 US Hwy 93
Pablo, MT 59855

By Mail: Salish & Kootenai Housing Authority
ATTN: Colleen Tenas ~ 2022 S&K All-Stars
P.O. Box 38
Pablo, MT 59855

By E-mail: frontdesk@skha.org

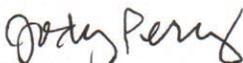
The following verifications are included in the application and must be submitted:

- _____ High School Enrollment (*Principal must sign*)
- _____ Tribal Affiliation (*Verification from your Tribal Enrollment Office or Tribal ID*)
- _____ Drug Screening (*Must be completed **prior** to Tryouts*)
- _____ \$5 Drug Screening Fee Paid (*Prior to or at the time of screening*)

If you have any questions or need assistance with your application or verifications, please contact *Colleen Tenas* at (406) 675-4491, extension 1530 or any of the coaches/chaperones.

Again, thank you for your interest in the 2022 Salish & Kootenai All-Star Team. I look forward to another successful tournament.

Sincerely,


Jody Perez
Executive Director

Date Received:

Enrollment School Verified

UA Paid UA Completed

2022 SALISH & KOOTENAI ALL-STAR APPLICATION

NAME: _____ HIGH SCHOOL: _____ GRADE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

TRIBAL AFFILIATION: (**Verification Must be Attached**)

CSKT Enrolled CSKT 1st Generation Descendent Other Tribe: _____

VACCINATION INFORMATION: (**Verification Must be Attached or negative COVID test prior to travel**)

PARENT/GUARDIAN NAME: _____ CONTACT #: _____

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 complete UA by Monday, March 14, 2022, 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) Attendance and participation at both days of tryouts
- 3) Graduating Seniors will have priority
- 4) When all else is equal, Preference will be given to CSKT Tribal members.

GOALS

- ❖ Develop and maintain a positive environment – on and off the court.
- ❖ Develop a team spirit while increasing self-worth.
- ❖ Identify strengths and weaknesses and use these as building blocks.
- ❖ Be competitive in a healthy manner.
- ❖ Add to our memory bank another great time that was **drug-free!**
- ❖ Meet new friends.
- ❖ Be good role models.
- ❖ 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. **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 future participation of other family members until payment is made.

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:

Participant Name: _____ Age: _____ Grade: _____

Participant Name: _____ Age: _____ Grade: _____

ACTIVITY: *2022 Salish & Kootenai All-Star Team activity within the State of Montana and in Lakewood, Colorado, beginning on March 14, 2022 and ending on March 28, 2022, for preparation and participation in the 37th 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 fully understand risks of COVID19 and agree that participant must abide by CDC Domestic Travel Recommendations for vaccinated and un-vaccinated individuals. (See attachment)

_____ 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#:** _____ **BIRTHDATE:** _____

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 participant. 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 CONTACT #'s: 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: 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 2022 Salish & Kootenai All-Star Team.

SKHA Employee Signature

Date

Domestic Travel During COVID-19

Information for People Traveling within the United States and U.S. Territories
Updated Jan. 27, 2022

What You Need to Know

- **Delay travel until you are [up to date](#) with your COVID-19 vaccines.**
- Check your destination's COVID-19 situation before traveling. State, tribal, local, and territorial governments may have travel restrictions in place.
- Wearing a mask over your nose and mouth is required in indoor areas of public transportation (including airplanes) and indoors in U.S. transportation hubs (including airports).
- Do not travel if you are sick, tested positive for COVID-19 and haven't ended isolation, had close contact with a person with COVID-19 and haven't ended quarantine, or are waiting for results of a COVID-19 test.
- If you are not up to date with your COVID-19 vaccines and must travel, get tested both before and after your trip.

If you are NOT up to date with your COVID-19 vaccines

- **Delay travel until you are [up to date](#) with your COVID-19 vaccines.**
 - Getting vaccinated is still the best way to protect yourself from severe disease and slow the spread of COVID-19.
- Get tested before you travel.
 - Get a [viral test](#) as close to the time of departure as possible (no more than 3 days) before you travel.
 - [Isolate](#) if you test positive or develop COVID-19 symptoms.
- Follow additional recommendations [before](#), [during](#), and [after](#) travel.

Before You Travel

Make sure to plan ahead:

- Check the current [COVID-19 situation at your destination](#).
- Make sure you understand and follow all state, tribal, local, and territorial travel restrictions, including proper mask wearing, proof of vaccination, testing, or quarantine requirements.
 - For up-to-date information and travel guidance, check the [state, tribal, local and territorial](#) health department's website where you are, along your route, and where you are going.
- If traveling by air, check if your airline requires any testing, vaccination, or other documents.
- Prepare to be flexible during your trip as restrictions and policies may change during your travel.

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Testing

RECOMMENDED

If you are **NOT** [up to date](#) with your **COVID-19 vaccines**, get tested with a [viral test](#) as close to the time of departure as possible (no more than 3 days) before you travel.

- [Check COVID-19 testing locations near you](#)

Do NOT travel if...

- You are [sick](#).
- You [tested positive](#) for COVID-19.
 - Do not travel until a full 10 days after your symptoms started or the date your positive test was taken if you had no [symptoms](#).
- You are waiting for results of a COVID-19 test.
- You had close contact with a person with COVID-19 and **are recommended** to [quarantine](#).
 - Do not travel until a full 5 days after your last close contact with the person with COVID-19. It is best to avoid travel for a full 10 days after your last exposure.
 - If you must travel during days 6 through 10 after your last exposure:
 - [Get tested](#) at least 5 days after your last close contact. Make sure your test result is negative and you remain without [symptoms](#) before traveling. If you don't get tested, avoid travel until a full 10 days after your last close contact with a person with COVID-19.
 - Properly wear a [well-fitting mask](#) when you are around others for the entire duration of travel during days 6 through 10. If you are unable to wear a mask, you should not travel during days 6 through 10.

If you had close contact with a person with COVID-19 but are NOT recommended to quarantine...

- [Get tested](#) at least 5 days after your last close contact. Make sure your test result is negative and you remain without [symptoms](#) before traveling.
- If you travel during the 10 days after your last exposure, properly wear a [well-fitting mask](#) when you are around others for the entire duration of travel during the 10 days. If you are unable to wear a mask, you should not travel during the 10 days.

During Travel

Masks

REQUIRED

- [Wearing a mask over your nose and mouth is required](#) in indoor areas of public transportation (including on airplanes, buses, trains, and other forms of public transportation) traveling into, within, or out of the United States and indoors in U.S. transportation hubs (including airports and stations). Travelers are not required to wear a mask in outdoor areas of a conveyance (like on open deck areas of a ferry or the uncovered top deck of a bus).

Protect Yourself and Others

RECOMMENDED

- Follow all [state, tribal, local, and territorial health recommendations and requirements](#) at your destination, including properly wearing a [well-fitting mask](#) and following [recommendations for protecting yourself and others](#).
- Travelers 2 years of age or older should wear [well-fitting masks](#) in indoor public places if they are:
 - NOT [up to date](#) on their COVID-19 vaccines
 - Up to date on their COVID-19 vaccines and in an [area with substantial or high COVID-19 transmission](#)
 - Up to date on their COVID-19 vaccines and with weakened immune systems
- In general, you do not need to wear a mask in outdoor settings.
 - In areas with [high numbers of COVID-19 cases](#), consider properly wearing a [well-fitting mask](#) in crowded outdoor settings and for activities with close contact with others who are not [up to date](#) on their COVID-19 vaccines.
- [Wash your hands](#) often with soap and water or use [hand sanitizer](#) with at least 60% alcohol.

After Travel

You might have been exposed to COVID-19 on your travels. You might feel well and not have any symptoms, but you can still be infected and spread the virus to others.

If you are NOT Up to Date with your COVID-19 Vaccines

RECOMMENDED

Self-quarantine and get tested after travel:

- Get tested with a [viral test](#) 3-5 days after returning from travel.
 - Check [for COVID-19 testing locations near you](#).
- Stay home and self-quarantine for a full **5 days** after travel.
- Follow additional recommendations below for ALL travelers.

ALL Travelers

RECOMMENDED

- Self-monitor for [COVID-19 symptoms](#); isolate and get tested if you develop symptoms.
- Follow all [state, tribal, local, and territorial](#) recommendations or requirements after travel.
If Your Test is Positive or You Develop [COVID-19 Symptoms](#)
- [Isolate](#) yourself to protect others from getting infected. Learn [what to do](#) and [when it is safe to be around others](#).

If You Recently Recovered from COVID-19

You do NOT need to get tested or quarantine if you recovered from COVID-19 in the past 90 days. You should still follow all other travel recommendations. If you develop [COVID-19 symptoms](#) after travel, [isolate](#) and consult with a healthcare provider for testing recommendations.