



Woodward Elks Rodeo
Golden Circle of Champions

Candidate Application

CHILD NAME:_____

DOB:_____

AGE:_____

Physical Address:_____

City:_____

State:_____

Zip:_____

Primary Parent/Guardian:_____

**Address (if different from
above):**_____

City:_____

State:_____

Zip:_____

Cell Number:_____

Email:_____

Secondary Parent/Guardian Name:

Cell:_____

Email:_____

<div>Diagnosed Child's Measurements</div>		
<div>Child's Height (Ft/in):</div>		<div>Child's Shirt Size:</div>
<div>Child's Current Medical Status</div>		
<div>What is your child's diagnosis:</div>		<div>When was the child diagnosed:</div>
<div>What is the child's current stage of treatment:</div>		<div>Does your child have any other disabilities or health issues:</div>
<div>Does your child have mobility issues: Y/N</div>		<div>IF your child requires the use of DME, please tell us which so that we can plan accordingly:</div>
<div>IF you marked YES above, will your child require the assistance of Durable Medical Equipment (DME) such as a wheel chair, walker, crutches, or physical assistance: Y/N</div>		<div>Please list any other considerations not listed:</div>
<div>IMPORTANT ALERTS: For those of you with children who have sensory sensitivities, please be aware that there will be loud noises, large crowds, bright/flashing lights, and fireworks. Please plan accordingly.</div>		

Diagnosed Child's Interests/Hobbies

**CONSENT FOR PHOTOGRAPHS, RECORDING, FILM, Social Media,
AND/OR Publication**

I hereby authorize the Golden Circle of Champions Program and its affiliates Woodward Elks Rodeo, Woodward Elks Lodge, and community partners to photograph or record or permit other persons to photograph or record me and my family members while participating in a Golden Circle of Champions Program event and sponsored programs. Golden Circle of Champions Program may use and permit other persons to use the media prepared from such photographs or recording for such purposes and in such a manner as either may deem appropriate.

I agree that photographs, recordings, or videos may be used for purposes including but not limited to physicians, health professionals, and members of the public for educational, public relations, foundation advertisements and charitable purposes and that such dissemination may be accomplished in any manner. I understand that this agreement is being entered into to assist educational, public relations, and charitable goals and I hereby waive my right to compensation for such uses by reason of the foregoing authorizations, and my successors or assigns hereby release and hold harmless the Golden Circle of Champions Program, Woodward Elks Rodeo, Woodward Elks Lodge (and each and every one of its affiliated companies, officers, directors, employees, agents, representatives, licensees, and advisors) and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement. I will not receive financial or in-kind compensation in exchange for using or the disclosing of photographs, recordings, or resulting media. The term "photograph" as used in the foregoing agreement, shall mean record, film, photograph, in any format including still photography, motion picture, video tape, video disc, and any other mechanical means of recording and producing images or sounds. I understand that I have the right to request cessation of photographing or recording at any time.

Child Name: DOB: _____

Parent/Guardian Name (Print):

Street Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Eligibility Requirements

18 years old & Under

Residence must be within 75 miles of Woodward, OK

Must be actively in treatment for pediatric cancer

Must be willing to sign medical release of information

**EMAIL APPLICATION TO:
gcocwoodward@gmail.com**