2025-2026 Chiku Awali BOARD Registration Form

1. Last Name: _____First Name:_____

2. AGE_____BIRTHDAY_____ (MM/DD/YYYY) Gender_____

3. Address: _____City:_____State:_____Zip Code:_____

4. Home Phone: _____ Cell Phone: _____ Email_____

EMERGENCY CONTACT NAME AND TELEPHONE_____

5. Race Category: ☐ **Black/African American**
☐ **White**
☐ **Asian**
☐ **Asian & White**
(Pick One) ☐ **American Indian/Alaskan Native**
☐ **Native American Hawaiian/Other Pacific Islander**
☐ **American Indian/Alaskan Native & White**
☐ **American Indian/Alaskan Native & Black/African American**
☐ **Black/African American & White**
☐ **Other Multi-Racial**

6. Hispanic Ethnicity: ☐ **Yes** ☐ **No**

7. Disability: ☐ **Yes** ☐ **No If yes, please provide details_____**

_____

8. Person with special needs: ☐ **Yes** ☐**No If yes, please provide details _____**

_____

You understand that Chiku Awali African Dance, Arts & Culture, Inc., will not assume responsibility should an accident occur as a result of dancing, drumming, playing any instrument, or transportation services proffered by Chiku Awali. You understand that participation in Chiku Awali activities involves physical activity, and consequently may result in injury. In such a case, you agree not to hold Chiku Awali African Dance, Arts & Culture, Inc. liable for any such injury. You acknowledge and attest on behalf of a minor in an afterschool program, that he/she is, physically fit and able to participate in physical activity. You also consent to the minor being photographed, video-taped, or interviewed by the media or Chiku Awali for publicity purposes.

Signature: _____ Date_____

Return this completed form to: **tafdixon@aol.com or Chiku Awali, PO Box 794, Suffern NY 10901.**

For Information Visit www.chikuawali.org or email: info@chikuawali.org or call (845) 357-5062