



The World Eskimo – Indian Olympics, Inc.

Athlete Application

WEIO will be held July 10-13, 2024
Fairbanks, Alaska - The Big Dipper Ice Arena

2024 ATHLETIC APPLICATION

NAME: _____ TRIBAL AFFILIATION: _____

DOB: _____ MALE _____ FEMALE _____ REGIONAL/VILLAGE CORPORATION: _____

STREET ADDRESS/PO BOX: _____ CONTACT #: _____

CITY, STATE, ZIP CODE: _____ E-MAIL: _____

EVENT REGISTRATION

Is this your first time at WEIO? YES NO If not, number of years you have participated in at WEIO? _____

Please clearly mark, circle, or highlight each event you want to participate in.

- ALASKA HIGH KICK
- HEAD PULL
- SWING KICK
- BLANKET TOSS**
- DENA STICK PULL
- DROP THE BOMB
- EAR PULL
- EAR WEIGHT
- FOUR MAN CARRY
- GREASED POLE WALK

- INUIT STICK PULL
- KNEEL JUMP
- KNUCKLE HOP
- ONE FOOT HIGH KICK-TRADITIONAL
STYLE
- ONE HAND REACH
- RACE OF THE MESSENGER
- TOE KICK
- TWO FOOT HIGH KICK
- SCISSOR BROAD JUMP

NON-SPORTING EVENTS

- FISH CUTTING
- MAKTAK EATING
- SEAL SKINNING*

* If competing in this year's seal skinning contest, the top three (3) winners from the previous year's seal skinning contest will have priority.

**Blanket toss preliminaries are limited to ten (10) contestants EACH for men & women, selected by draw. If competing this year, each of the top

three winners from the previous year's blanket toss finals will have priority.

WAIVER OF RESPONSIBILITY

By my signature below, I agree to the following: In consideration of my application to register in the events marked above, I, on behalf of any heir, executor, or administrator may have after the execution of my signature, hereby waive and release any and all claims for damages I may have against World Eskimo-Indian Olympics, Inc. (hereinafter referred to as "WEIO"), and any other sponsoring/organizing organization of clinics, qualifier, preliminary, or final competition, their agents or representatives, for any and all injuries sustained by me in WEIO or in any activity, including transportation to and from such aforementioned competition, related directly or indirectly to my participation. *I hereby grant permission, without compensation to and from WEIO or its appointees to use my name and image taken during WEIO in any promotional material or advertising.* I understand that knowledge of the rules and regulations of WEIO are my responsibility.

PLEASE NOTE: Minimum age for participation in any event is 12 years old. Both the registrant and parent/guardian, if the registrant is under the age of eighteen (18), must sign this form signifying their understanding of these waiver clauses. Failure to do so may lead to nonparticipation or disqualification. This is for the safety of the athlete.

Emergency Contact: _____

Emergency Contact Phone Number _____

Relationship to Applicant: _____

Applicants or Parent's Signature (If under 18) _____ Date: _____



ELIGIBILITY REQUIREMENTS

Participants must qualify based on the bylaws of the WEIO. You must be at least 1/16 Alaska Native, Native American, US Pacific Islander, Canadian Indian and/or Eskimo, or of any Indian tribes of the Americas or indigenous to Greenland or Siberia to be eligible to participate. Evidence of your eligibility may be asked of you by proof of any the following:

- ❖ BIA CDIB/CIB/Tribal Enrollment Card,
- ❖ Regional/Village Shareholder Identification Card, or
- ❖ Canadian Indian Status Card
- ❖ Other _____

If this is your first time competing at WEIO, you must provide proof of eligibility, by providing one of the above.

I certify that to the best of my knowledge and belief the above conditions have been met. I understand that I subject myself to disqualification from participation in this event if this statement is found to be false.

Signature: _____ Date: _____

EARLY BIRD FEE PAID BEFORE JUNE 1ST \$25.00 ~

FEE PAID AFTER MAY 31ST \$30.00

BOTH PAGES OF THIS APPLICATION MUST BE SUBMITTED

WEIO OFFICE USE ONLY – PLEASE DO NOT

WRITE IN THIS AREA

Date app received: _____
 Payment type: Cash Check/Money Order (# _____) Credit Card _____
 in store at Carlson Center at a booth waived by _____
 Amount paid: _____ Rep Initials: _____