



World Eskimo-Indian Olympics
**Athlete
Application**

July 16-19, 2025

Carlson Center
2010 2nd Ave.
Fairbanks, Alaska

**** REGISTRATON CAN BE SUBMITTED BY FAX OR EMAIL: 907-456-2422 / admin@weio.org "Athlete" in subject line****

Name: _____ Phone #: _____

Date of Birth: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Tribal Affiliation/Village Corporation: _____ Regional Corporation: _____

Gender: ☐ Male ☐ Female ☐ Transgender¹

If Transgender: ☐ I AM or ☐ I AM NOT on Hormone Therapy I Want to Compete with: ☐ Male ☐ Female
A male transitioning to female or a female transitioning to male and receives hormone therapy must compete with men.

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

EVENT REGISTRATION

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

☐ Alaska High Kick

☐ Arm Pull

☐ Bench Reach

☐ Blanket Toss² - *Must register by
7/16/25 at 12 pm.*

☐ 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 - *Canadian
Style*

☐ One Hand Reach

☐ Race Of the Messenger

☐ Scissor Broad Jump

☐ Two Foot High Kick

Non-Sporting Events

☐ Fish Cutting

☐ Maktak Eating

☐ Seal Skinning³

Please verify by initialing each statement and sign below that you have read and understand the following:

WAIVER OF RESPONSIBILITY

_____ **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*

¹ WEIO Board adopted a Transgender Policy in May 2024. A male transitioning to female or a female transitioning to male and receives hormone therapy must compete with men. Ask Registration Staff or a Board Member for a copy of the policy.

² 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.

³ 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.

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.

TRANSGENDER HORMONE TREATMENT

_____ I **certify** that I have truthfully designated if I am on or not on hormone treatment.

ELIGIBILITY REQUIREMENTS

_____ I **certify** that I qualify to participate based on the bylaws of 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
- ❖ 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.

By my signature below, 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.

Athlete’s Signature

Date

Signature of Parent/Legal Guardian

Phone#

Date

EARLY BIRD FEE PAID BEFORE JUNE 1ST \$25.00

FEE PAID AFTER MAY 31ST \$30.00

Office Use ONLY - Do Not Write in this Area

Date received: _ ☐ In Person ☐ Mail ☐ E-Mail ☐ Fax

Paid: ☐ No ☐ Yes

Payment type: ☐ Cash ☐ Check/ Money Order(# __) ☐ Credit Card _____(confirmation code)