



## ENEMY SWIM DISTRICT YOUTH

13495 446<sup>th</sup> Ave.

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### YOUTH MEMBERSHIP APPLICATION

#### CHILD'S INFORMATION

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Sisseton Wahpeton Oyate Enrollment #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Mother's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Enrolled E.S. District: YES NO Other SWO District: \_\_\_\_\_

Sisseton Wahpeton Oyate Enrollment #: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Enrolled E.S. District: YES NO Other SWO District: \_\_\_\_\_

Sisseton Wahpeton Oyate Enrollment #: \_\_\_\_\_

Guardian's Name (If applicable): \_\_\_\_\_  
(Last) (First) (M.I.)

Enrolled E.S. District: YES NO Other SWO District: \_\_\_\_\_

Sisseton Wahpeton Oyate Enrollment #: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*MUST Attach a copy of your child's SWO Certificate of Indian Blood & Birth Certificate with application to be considered Complete.\*\*\***