## Summer Youth Camp Registration Form

2016 Camper informa	ition.	Camp	
Full Name:			Age:
GRIC Tribal #	District:	D.O.B.:	Male/Female:
Mailing Address:		City:	State: ZIP:
Physical Address:(if different from above)	-1	City:	State: ZIP:
Parent/Guardian Nam		nt/Guardian Inform	mation:
Main Number:	ME	Alt. Number:	in the second
Message Number:	SY	Email:	140
Eme	rgency Contact	if Parent/Guardia	n cannot be reached:
Contact Name:		Numl	per:
Relationship to Camp	er:	180	
Please list any allergies, d attention, or medication Medical Diagnosis:	isorders, or medica (ie. Diabetic, asthm	natic, A.D.D etc.) or	nation: equire special maintenance,
Prescribed Medication	ı:	OR A HEALTH	Dosage:
Additional Informatio	n:		101
The following have m	y permission to	pick up my child:	
Name:		Relationshi	p
Name:		Relationshi	p
Is there anyone that is no If answered yes please po Name:			

## **Camper Participation Agreement**

I understand that in consideration for the opportunity to participate in the summer youth camps offered by the Gila

•	e Program is a privilege. I understand that I am representing the Gila ite camps. As a participant I will abide to the following conditions
(please initial)	ince camps. As a participant I will ablue to the following conditions
I will:	
respect the individual rights, safety, and pro	perty of others.
not use obscene and/or discriminatory langu	uage or roughhousing.
not be insubordinate to chaperones, coordin	nators, or camp staff.
abide by all rules of the program and all cam	p activities.
fully participate in all activities at the camp t	o the best of my ability.
not leave the camp site or approved area wi	thout permission from chaperone or guardian.
If I do not abide by the above conditions, I unders	tand this could result in disciplinary action to include:
<ul> <li>Sending youth home at cost of parent/gua</li> </ul>	ardian.
<ul> <li>Barring the youth member from future He</li> </ul>	ealth Initiative Programs.
<ul> <li>Being held responsible for the cost of dam</li> </ul>	nages and repairs in the event of damage/destruction of property.
guidelines in this document. I am aware that if I vi	cument and acknowledge that I have read and agree to abide by the olate the agreement, the staff may, at their sole discretion, terminate contacted and required to provide me with transportation home at m
Youth Camper Name:	Date:
Pare	nt/Guardian Agreement
agreement. I accept full responsibility for my child	rticipant, I have read and understand the above camper participation d/ren while participating in the approved camp. In the event of a curring to my child, I hereby give my consent for medical or dental cardist.
Parent/Guardian Signature	
Name:	Date:

Please turn in all applications to the CPAO Office located within the Governance Center or email to <a href="mailto:special.events@gric.nsn.us">special.events@gric.nsn.us</a>. If you have any questions please contact the Special Events Coordinator at 520-562-9713.

RUNNING &	FITNESS	CAMP RE	GISTRA	TION F	ORM 3		
CAMP DATES:		CAMP LOCA	ATION:				
PARTICIPANT'S NAI	ME:						
	GRADE (			GENDER:	Male [	Fen	nale 🔲
PARENT'S EMAIL:_							
Has your child partici	pated in a Wings Run	ning & Fitness Ca	amp before?	YES	NO $\square$		
Does your child partic	cipate in an after-scho	ool sport during t	he school year	? `	YES 🗆	NO 🗆	
			yet, but hopef		y're old end	ough 🗆	
On average, how man 0-3 servings	ny servings of fresh ve 4-8 serving		our child eat p 2 servings	er week? □ 13+ sen	vings	☐ I'm no	ot sure
On average, how man 0-3 servings	ny servings of fresh fr 4-8 serving	•	ld eat per weel 2 servings	k? □ 13+ serv	vings	☐ I'm no	ot sure
☐ My kids ref	ng do you consider ba w how to cook/prepa fuse to eat healthy and is hard to find whe	re healthy food	☐ Price (h	ating (please onealthy food is I should eat be ealthy, the othe	too expens etter, but ch	sive) noose not t	
On average, how man	ny days a week does <u>y</u> □1-2 days	your family enga	-	together? + days			
On average, how ma	ny days a week do yo □1-2 days		-	r own? + days			
Did <b>you</b> ever particip If yes, check all you w	vere involved in: Run		Selection F	Race(s) 🔲 💛	Wings Natio		
Are there any medica running-related activi				child's abilitiy t If yes, please e		e in a full o	day of
Will your child need t Please List Medication		ns or carry an inh	aler throughou	ut the day?:	•	YES N	10 🗆
WAIVER: (MUST BE S I hereby release The Earl personnel are used from "Running and Fitness Ca in this fitness-oriented ex telecasts, newspapers, b sponsors. As the parent a have read the information	th Circle Foundation, Ind responsibility for any in mp". I hereby certify tha vent. Additionally, I pern rochures, etc. produced and/or guardian of the a	c./Wings of Americ njuries and/or dam t my son or daugh nit the use of the n I by and/or in coop above named chilc	a and all agencions ages my child moster is in good phome, voice and/operation with Wirl, I certify that all	ay suffer as a re ysical condition or likeness of m ngs of America a information in t	sult of their p and is safely y son/daugh and/or Runni	participation y able to par iter in broac ing & Fitnes	n in rticipate dcasts, ss Camp
PARENT/GUARDIAN PRIN	ITED NAME		PARENT/GUARD	DIAN SIGNATURE	<u> </u>	DATE	
EMERGENCY CONTACT N	IAMF	•	PHONE NUMBE	R			