

GRIC Summer Youth Camp Registration Form

2019 Camper Information:

Camp: _____

Full Name: _____ Age: _____

GRIC Tribal # _____ District: _____ D.O.B.: _____ Male/Female: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Physical Address: _____ City: _____ State: _____ ZIP: _____

Physical address is required

Parent/Guardian and Emergency Contact:

Parent/Guardian Name: _____

Relationship to Camper: _____

Main Number: _____ Alt. Number: _____

Email (Required for camp confirmation): _____

Additional Emergency Contact if Parent/Guardian cannot be reached:

Name: _____ Number: _____

Relationship to Camper _____

Camper Medical Information:

Please list any allergies, disorders, or medical ailments that may require special maintenance, attention, or medication (ie. Diabetic, asthmatic, A.D.H.D, Autism, etc.) or

Medical Diagnosis: _____

Prescribed Medication: _____ Dosage: _____

Additional Information: _____

Is there anyone that is not able to pick up your child? Y/N If answered yes please provide name of person or persons.

Name: _____ Relationship: _____

I verify that all the above information is accurate. In the event of a serious/or life threatening illness or injury occurring to my child, I hereby give my consent for medical or dental care deemed necessary by attending physician or dentist.

Parent/Guardian Signature

Date



Gila River Indian Community

Office of the Treasurer
Finance Department
Post Office Box # 2160
Sacaton, Arizona 85247-2160
(520) 562-2500
(520) 562-1070 (fax)

The person signing below hereby:

1. Acknowledges that the Gila River Indian Community (the "Community") is a federally recognized Indian tribe and that the seven (7) Districts (the "Districts") within the Community are tribal governmental bodies of the Community;
2. Acknowledges that the Community the Districts are protected by the doctrine of tribal sovereign immunity, are not subject to suit by the undersigned, and that the Community and Districts have not waived their immunity from suit with respect to any claims, demands, or causes of action asserted by the undersigned;
3. Acknowledges that the person participating in the trip (the "trip") described below either is not employed by the Community or any of the Districts or is participating in the trip for reasons unrelated to such employment;
4. In consideration and acceptance of the planned trip to and from designated camp location and Sacaton, AZ and all places in between the trip, the undersigned hereby releases, waives, and discharges the Community and the Districts, their officers, elected officials, employees, authorized agents, and representatives from any and all responsibility, claims, demands, and causes of action, including those causes of actions arising directly or indirectly from personal injuries or property damage sustained or incurred in connection with the trip.
5. The foregoing release, waiver, and discharge shall be effective and enforceable: (a) notwithstanding the fact that the Community or the Districts may pay all or part of the undersigned travel expenses or reimburse the undersigned for all or part of such expenses and; (b) notwithstanding any negligent acts or omissions of the part of the Community, the Districts, their officers, elected officials, employees, or authorized agents or representatives.
6. The person signing below acknowledges that he/she has carefully read this Acknowledgment and Release, that he/she understands all of its terms, and the he/she signs below voluntarily on his/her own behalf or on behalf of his/her minor child or ward for whom he/she signs as lawful guardian.

Dated: _____

Signature

If applicable, print name of your child or
Ward participating in the trip.

Name of child or ward

Dated: _____

Witness



May /2019

P.O. Box 2786
Sioux City, IA 51106
712-252-3230
Fax: 712-252-3712

Greetings from Indian Youth of America:

Enclosed are the camp application(s) and flier(s) that have been requested for the summer youth camp program. The camper application(s) ***must be filled out completely and returned to our office with the campership fee by the following deadlines:***

**May 28, 2019: Whispering Pines Camp – Prescott, Arizona
Campership Fee: \$350.00**

**July 15, 2019: Camp Bob Marshall – Custer, South Dakota
Campership Fee: \$350.00**

(If necessary deadline can be extended – call for further details)

RESERVATION POLICY:

There is a limit on the capacity that the campsite can accommodate; therefore, campers will be selected on a first come first serve basis. Please return the completed application(s) with the campership fee(s) as soon as possible in order to secure a space. If you are reserving spaces for a group of campers, we must receive 50% of the total campership fees by the deadline date in order to guarantee the spaces. ***All program checks and money orders should be made payable to: Indian Youth of America. NO PERSONAL CHECKS ACCEPTED.***

Campership fee(s) are non-refundable. If for some reason a camper(s) is not able to attend camp and a space has been reserved for the camper(s), alternates are welcome. This policy is necessary because of binding financial commitments we must make based upon your reservation. Even more importantly, however, is the fact that we have had to turn campers away in the past because our camp capacity was reached – only to have campers who had reserved a space not show up.

If you have any questions, need additional information or for some reason cannot meet the deadline for submission of application and fees, please call (712) 252-3230.

“Celebrating 43 years of conducting camps for Indian youth.”

**INDIAN YOUTH OF AMERICA
INDIAN YOUTH CAMP PROGRAM
CAMP APPLICATION FORM**

INSTRUCTIONS

The attached forms should be completed and returned as soon as possible to the person who gave them to you or directly to Indian Youth of America. A parent/guardian must complete the forms and sign all forms where necessary. The attached forms are:

1. **PERSONAL DATA FORM** – Make sure this form is **completely filled out**. It is very important that we have a correct and complete phone number where a parent or guardian can be reached in case of an emergency. The medical information on this form is also necessary so that we can provide adequate care in the event of an illness or accident.
2. **CAMP MEDICAL FORM** – The Immunization and Health Condition/History portion of the medical form must be filled out by a parent/guardian. A physical examination by a licensed physician is **required** prior to a camper's arrival at camp. The physical is needed to determine if a camper is physically able to take part in camp activities. If a camper had a physical during the past school year, a copy of the physical will be acceptable. **(Note: Please attach a copy of your Immunization Record.)**
3. **MEDICAL AUTHORIZATION FORM** – This form **must** be signed by a parent or guardian. The purpose of this form is to enable a camper to receive medical treatment if they are injured and need immediate medical attention, which might require approval from a parent/guardian. **Camp Insurance is not provided.** The parent/guardian is required to provide private insurance, Medicaid or Indian Health Service information.
4. **LIABILITY WAIVER** – This form **must** be signed where noted by a parent/guardian. The purpose of the **Liability Waiver** is to release Indian Youth of America and the specific campsite sponsor from liability in the event a camper is injured in an accident or situation beyond the control of either Indian Youth of America or the campsite sponsor.
5. **PHOTO RELEASE FORM** – This form must be signed where noted by a parent or guardian. The purpose of the **Photo Release** is to enable Indian Youth of America to use photograph(s) taken during camp activities.
6. **CAMP RULES FORM** – This form must be signed where noted by the camper and parent/guardian to verify they have read the **Camp Rules** and know what is expected of the camper while at camp.
7. **SUGGESTED LIST OF THINGS TO BRING** – The list of things to bring is only meant to be helpful in planning what to take to camp. **Keep** this list and use it as a guide. **There are no washing facilities at camp so plan accordingly.**

*If a camper is on medication, **please** be sure to bring the medication to camp.

*A camper **must** be checked for head lice before coming to camp. A head check will be performed at camp and a camper may not be permitted to stay if they have head lice.

Indicate Name of Campsite: Arizona () South Dakota ()

INDIAN YOUTH CAMP

PERSONAL DATA

(Please Print)

Name: _____

Address: _____ Zip: _____
(Street Number, P.O. Box) (City/Town) (State)

Home Phone No: _____ - _____ - _____ Cell No: _____ - _____ - _____
area code

Parent(s) Work No: _____ - _____ - _____ Email Address: _____
area code

Name of Parent/Guardian: _____

Person to contact in case of emergency: _____

Phone No: _____ - _____ - _____
area code

Birth date: _____ Age: _____ Sex: Male () Female ()

Height: _____ Weight: _____ T-shirt Size: _____ Shoe Size: _____

Tribal Affiliation: _____

Year in School: _____ Name of School: _____

MEDICAL INFORMATION

Health (check one): Excellent () Good () Fair () Poor ()

List any and all physical disabilities, impairments or allergies: _____

List any and all known allergies to medicine: _____

List any and all medications currently prescribed and being taken by child and reason for prescription: _____

Check the type of medical coverage your child has (√): Private Insurance () Medicaid ()
Indian Health Service ()

Please attach a copy of your insurance or Medicaid card or list the name and phone number of the IHS Facility where your child is seen: _____

INDIAN YOUTH CAMP

MEDICAL FORM

To be filled out by Parent or Guardian and checked with Physician at time of exam.

Name _____ Sex ____ Age ____ Date of Birth _____

Address _____

Parent or Guardian _____ Phone _____

Immunization Record: (Please attach a copy to camp application)

Are all immunization shots up-to-date? ____ yes ____ no (explain) _____

Date of last Tetanus shot: _____

Health Conditions/History: (check those that apply)

Bed Wetting _____ Bleeding Disorders _____ Emotional Disturbances _____

Fainting _____ Menstrual Cramps _____ Glasses/Contact Lenses _____

Nosebleeds _____ Hearing Impairment _____ Special Diet Regiment _____

Asthma _____ Diabetes _____ Epilepsy _____

Head Lice _____ Ear Infection _____ Other: _____

Chronic or Recurring Illness: _____

Other Diseases or Details of Above: _____

Any specific activities to be restricted? _____

IMPORTANT: Please notify camp if this camper was exposed to any communicable disease during the three weeks prior to camp attendance.

PHYSICAL EXAMINATION

(To be filled out by licensed physician) This examination should be performed prior to arrival to camp. Examination is for determining fitness to engage in camp activities.

CODE: (NL) - Normal (ABN) - Abnormal

Height _____ Teeth _____ Extremities _____

Weight _____ Heart _____ Posture(Spine) _____

Eyes _____ Lungs _____ Appearance/Skin _____

Ears _____ Abdomen _____ Allergy (Specify) _____

Nose _____ Hernia _____

Throat _____ Genitals _____ General Appraisal: _____

Tonsils _____ Feet _____

Glands _____ Head Lice _____

Recommendations and Restrictions while in camp:

Special Diet: _____

Swimming, Diving: _____

Strenuous Activity: _____

Special Medicine: _____

Is Parent or Guardian sending it? _____

Other: _____

I have examined the person herein described and have reviewed his/her health conditions. It is my opinion that he/she is physically able to participate in camp activities, except as noted above.

Name of Physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of Physician _____ MD/DO/NP/PA-C

INDIAN YOUTH CAMP

CONSENT AND AUTHORIZATION FOR MEDICAL ATTENTION

I, the parent or guardian of _____, do hereby consent to
(Name of Child)
and authorize Indian Youth Camp personnel to provide and/or secure medical attention
for _____ including admission to hospital, emergency
(Name of Child)
treatment, or any medical attention which may become necessary while my child is
participating in Indian Youth of America's Indian Youth Camp. I, the undersigned parent or
guardian hereby accept the responsibility to pay for such treatment.

(Signature of Parent/Guardian) (Relationship) (Date)

RELEASE AND WAIVER OF LIABILITY

I, the parent/guardian of _____, do hereby give my consent
(Name of Child)
to his/her participation in any and all activities sponsored by Indian Youth of America's
Indian Youth Camp. I assume all risks and hazards incidental to such participation
including transportation to and from the Indian Youth Camp. I do hereby waive,
release, absolve, indemnify and agree to hold harmless the organizers, sponsors,
supervisors, participants and persons transporting my child to or from activities, for any
claim arising out of any injury to my child, whether the result of negligence or for any
other cause.

(Signature of Parent/Guardian) (Relationship) (Date)

INDIAN YOUTH CAMP

PHOTO RELEASE

I, the parent/guardian of _____, do hereby consent to and
(Name of Child)
authorize Indian Youth of America, Inc. to use photograph(s) taken during the Indian
Youth Camp activities on IYA's website and in newsletters, publications, brochures,
videos, news releases, reports, etc.

(Signature of Parent/Guardian)

(Relationship)

(Date)

CAMP RULES

By signing this form, I acknowledge receiving, reading and agreeing to the the Camp Rules.

(Signature of Parent/Guardian)

(Relationship)

(Date)

(Signature of Camper)

(Relationship)

(Date)

INDIAN YOUTH CAMP

CAMP RULES

The following rules have been adopted for each camper's health, safety, and desirable group living. These rules will help assure the success of the camp. We would like to have camp here next year, so please do not do anything that would give the camp a bad name.

1. No one is to be near the water without the supervision of a staff member.
2. Never leave the hiking trails.
3. Do not leave the immediate area of the camp without the supervision of a staff member.
4. You are only allowed in the crafts area during your scheduled time.
5. No loud talking or noisy activity during mealtime, campfire or bedtime.
6. You must be present to eat during mealtime.
7. No food outside the dining hall.
8. All campers medication should be turned into their counselors, the camp nurse, or the Camp Director.
9. Any illness or injury must be reported to the counselor, camp nurse, or the Camp Director immediately.
10. Romantic relationships during camp are inappropriate.
11. The boy's cabins are off-limits to the girl's and girl's cabins are off limits to the boys.
12. You are only allowed in other cabins when invited.
13. The kitchen is off-limits to campers, unless supervised by a staff member.
14. **NO** littering--pick up litter at all times--help keep the campgrounds clean.
15. All crafts and recreational materials are to be checked out through staff members.
16. **NO** fighting, horseplay, threats of violence or profane language allowed.
17. All lost and found items are to be turned over to a staff member, or put in the lost and found box in the dining hall.
18. A camper who knows of or witnesses a camp rule being broken needs to talk to a staff member immediately.
19. If you bring spending money, you have the option of turning it over to your counselor for safe keeping until you need it. If you keep it in your possession and it is lost or stolen it will not be replaced.
20. Smoking is **NOT** allowed.
21. **Items NOT allowed at camp:** Any and all electronic devices, i.e. Cell phones, iPods, iPads, Computers, MP3 players, Walkie Talkies, Radios, etc; Fireworks, Candy & Snack foods, Soda, **Cigarettes, Alcoholic beverages & Non-Prescription Drugs are prohibited.**

Camp is a place to make friends and to *create good memories!* Camp is not a place to make others unhappy by your words or actions. Words are powerful - they can be hurtful or they can make someone feel good - each one of us is responsible for how we choose & use our words and how we treat others. *"Respect yourself by respecting others."*

Your counselors and staff are here to help you and make sure you *have a good safe time.* Feel free to approach any of us when you have a question or idea. *Have lots of fun, fun, fun!!*

KEEP THIS LIST

INDIAN YOUTH CAMP

SUGGESTED LIST OF THINGS TO BRING

Please mark all of your clothing and gear for easy identification. Make sure to bring enough clothing and personal items to last for the entire camp session (there are no washing facilities).

CLOTHING:

- Shirts
- Sweat pants or jeans
- Shorts
- Underclothing and socks
- Sleep attire
- Jacket or sweater
- Swimsuit
- Tennis shoes
- Hiking shoes (optional)
- Hat or visor cap (optional)
- Water Shoes (Slide Rock Swimming)

OPTIONAL:

- Camera and film
- Fishing equipment
- Backpack
- Spending money
- Indian outfit
- Pen/pencil, paper, envelope and stamp

PERSONAL SUPPLIES:

- 3 Bath towels
- 2 Washcloths
- Bar of soap in plastic container
- Bottle of shampoo
- Toothbrush and toothpaste
- Comb or brush
- Sleeping bag or bedroll
- Pillow
- Garbage bag/laundry bag
- Flashlight and batteries
- Medication