



Kenaitze Indian Tribe Cultural & Educational Dept. Yaghanen Youth Programs

P.O. BOX 988
KENAI, ALASKA 99611

(907) 335-0669
(907) 335-0989 FAX

Yaghanen Summer Camp Application

Please complete all portions of this application, making sure all necessary signatures are provided. Please discuss the Traditional Values Circle with your youth. Respect for others and self, a Kenaitze Dena'ina value, is a cornerstone of our programs.

Applicant Information

_____, _____, _____, _____, _____

Last Name

First Name

M. I.

Suffix

Nickname

Gender: Male
 Female

Ethnicity: Alaska Native American Indian Caucasian
 Asian/Pacific Islander Black Other/Unknown

Ethnicity is gathered only for statistical purposes

_____, _____

Date of Birth

Tribal Affiliation

_____, _____, _____, _____

Mailing Address

City

State

Zip

Grade: _____ School: _____

If your youth is in elementary school, please include the teacher's name too.

Yaghanen Programs

Please check which program(s) your youth will be participating in:

Program	Location	Age/Grade	Date	
K'tediłchiłt (Art Camp) 1	Spirit Camp (overnight camp)	7th - 12th grade; Title VII eligible	June 14-18	<input type="checkbox"/>
K'tediłchiłt (Art Camp) 2	Ft. Kenay (day camp)	7th - 12th grade; Title VII eligible	June 23-27	<input type="checkbox"/>
Łuq'a Nagh Ghilghuzht (Fish Camp)	Spirit Camp (overnight camp)	6th - 8th grade	July 12-16	<input type="checkbox"/>
Susten Camp I	K'Beq' (day camp)	9th - 12th grade	July 19-23	<input type="checkbox"/>
Susten Camp II	Cooper Landing (day camp)	9th - 12th grade	August 9-13	<input type="checkbox"/>

Did this youth participate in Yaghanen programs during the last year? Yes No



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Contact Information

Parent/Guardian Contact Information

<hr/>		<hr/>	
1st Parent/Guardian		Relationship (i.e., parent, grandparent, aunt/uncle, etc.)	
<hr/>		<hr/>	
Mailing Address		City, State, Zip	
<hr/>		<hr/>	
Home Phone	Work Phone	Cell Phone	
<hr/>		<hr/>	
E-mail Address			
<hr/>			
<hr/>		<hr/>	
2nd Parent/Guardian		Relationship (i.e., parent, grandparent, aunt/uncle, etc.)	
<hr/>		<hr/>	
Mailing Address		City, State, Zip	
<hr/>		<hr/>	
Home Phone	Work Phone	Cell Phone	
<hr/>		<hr/>	
E-mail Address			

Emergency Contacts (Other than Parents/Guardians)

In case of emergency during, or at the end of, Yaghanen Program activities Kenaitze Indian Tribe staff are authorized to contact and/or release my youth to the following persons. I understand that Kenaitze Indian Tribe staff cannot legally release my youth to anyone not listed below, and telephonic authorization is not acceptable. I also understand that without a court order the Kenaitze Indian Tribe cannot deny access to a non-custodial parent. Court Order Attached: Yes No

<hr/>		<hr/>	
1st Emergency Contact		Relationship (i.e., parent, grandparent, aunt/uncle, etc.)	
<hr/>		<hr/>	
Mailing Address		City, State, Zip	
<hr/>		<hr/>	
Home Phone	Work Phone	Cell Phone	
<hr/>		<hr/>	
2nd Emergency Contact			
<hr/>		<hr/>	
Mailing Address		City, State, Zip	
<hr/>		<hr/>	
Home Phone	Work Phone	Cell Phone	



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Medical Information

Please check any of the following conditions that your youth is known to experience*:

- Asthma Diabetes Headaches Muscle Pains/Cramps
- Allergies
- Other

*If you marked any of the above items, please explain conditions, medications and treatments in the space below:

***Note:** All medication (prescribed and OTC) must be turned over to Yaghanen staff for your child's safety and the safety of other children, with the exception of inhalers. All prescription medication must be in the original container, with legible instructions.*

Does your youth have any special needs, academic or physical, that may require modification or an adaptation of instruction, planned activities, including IPSs, etc.? No Yes

If you marked Yes above, please explain in the space below:

Over The Counter Medication

May Yaghanen staff allow your youth to take over-the-counter medication such as aspirin/ibuprofen for headaches/pains and Rolaids/Tums for indigestion on an as-needed basis, following the recommended dosage?

- Yes, Yaghanen staff may allow my youth to take over-the-counter medications on an as-needed basis **following a telephone call with me or my designated emergency contact.**

Parent/Guardian Signature

Date

- No, Yaghanen staff may not allow my youth to take over-the-counter medications.



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Parent/Guardian Permission:

I, _____ the parent and/or legal guardian of _____
Hereby give my permission for my son/daughter to participate in the Kenaitze Indian Tribe's Yaghanen Youth Programs. I also give my permission for the Kenaitze Indian Tribe to use any and all photographs, audio and/or video that may contain my youth's voice, image, likeness and/or images and likeness for educational and promotional purposes.

I understand that my youth will not be allowed to ride in any vehicles other than those arranged by Yaghanen program staff or visit family or friends without written permission from parent/guardian. I further understand that program participation may terminate at my request or the request of Yaghanen program staff for disciplinary reasons or misconduct. I understand that I will be responsible for all costs associated with a termination including return trip expenses.

Agreement and Consent for Treatment

To the best of my knowledge, my youth is in good health and has no illness, communicable disease, or physical disability that will cause interference with his/her participation in the Kenaitze Indian Tribe's Yaghanen Programs. This is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment, and the administration of any anesthetic, which in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my youth. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment.

Parent/Guardian Signature

Date

*In addition to the Application, all Applicants must also provide a signed **Parent / Guardian Release of Liability Form** for all minor children wishing to participate in any **Kenaitze Indian Tribe Yaghanen Youth Programs** prior to the beginning of the program. Youth over 18 years of age or adults participating in any Yaghanen Youth activities or programs must provide a signed **Release of Liability Form** prior to the beginning of the program. Any minor child or individual without a signed Release of Liability Form will not be allowed to participate in Yaghanen Youth activities until the form has been provided to Yaghanen staff.



Parent / Guardian Release of Liability Form

I, _____, the parent and/or legal guardian of _____, a minor child, on behalf of myself and the minor student (“Releasors”), do hereby freely and voluntarily release and agree to hold harmless the **Kenaitze Indian Tribe Yaghanen Youth Program** and other released parties as defined below (“Releasees”), from any and all liability arising from or related to any Releasees’ negligence, including any and all claims for physical or mental injury, death, property loss, or other damages arising due to the child’s participation in the **Kenaitze Indian Tribe Yaghanen Youth Program**.

Releasees include **Kenaitze Indian Tribe Yaghanen Youth Program**, their employees, agents, assignees and housing parents, as well as contracting agencies, their officers, employees, agents, contractors, partners, heirs, successors, estates, and representatives.

We the Releasors specifically waive any right to make a claim against or sue **Kenaitze Indian Tribe Yaghanen Youth Program** or any other Releasees, for any injury or loss of any kind arising out of participation in the program and /or caused by the negligence of any Releasee. We understand that if our child sustains any injury or loss, including death, while participating in this camp we have released all claims we and the minor might have against all Releasees for participation in the camp and/or their negligent conduct.

Parent/Guardian Signature

Date



Release of Liability Form

(for program applicants and volunteers 18 & over)

I, _____, do hereby freely and voluntarily release and agree to hold harmless the **Kenaitze Indian Tribe Yaghanen Youth Program** and other released parties as defined below (“Releasees”), from any and all liability arising from or related to any Releasees’ negligence, including any and all claims for physical or mental injury, death, property loss, or other damages arising due to my participation in the **Kenaitze Indian Tribe Yaghanen Youth Program**.

Releasees include **Kenaitze Indian Tribe Yaghanen Youth Program**, their employees, agents, assignees and housing parents, as well as contracting agencies, their officers, employees, agents, contractors, partners, heirs, successors, estates, and representatives.

I specifically waive any right to make a claim against or sue **Kenaitze Indian Tribe Yaghanen Youth Program** or any other Releasees, for any injury or loss of any kind arising out of my participation in the program and /or caused by the negligence of any Releasee. I understand that if I sustain any injury or loss, including death, while participating in this camp I have released all claims I might have against all Releasees for participation in the camp and/or their negligent conduct.

Signature

Date



Yaghanen Program Participant Release Form

In case of emergency, or if I am unavailable during or at the end of the day, the Kenaitze Indian Tribe's Cultural & Educational staff is authorized to contact and/or release _____ to the following person(s):

Name: _____ Relationship: _____

Physical Address: _____

Telephone: Home: _____ Work: _____ Msg/Cell: _____

Name: _____ Relationship: _____

Physical Address: _____

Telephone: Home: _____ Work: _____ Msg/Cell: _____

Name: _____ Relationship: _____

Physical Address: _____

Telephone: Home: _____ Work: _____ Msg/Cell: _____

Name: _____ Relationship: _____

Physical Address: _____

Telephone: Home: _____ Work: _____ Msg/Cell: _____

Parent/Guardian (please print)

Parent/Guardian Signature

Date

KIT Cultural & Educational Staff witness

Date

