



Kenaitze Indian Tribe Cultural Programs Department Yaghanen Youth Programs

P.O. BOX 988
KENAI, ALASKA 99611

(907) 335-7290
(907) 260-3685 FAX

Yaghanen Program Application Oct 2011-Sep 2012

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.

Parent/Guardian Contact Information

If you are enrolling multiple youth in our programs, the Parent/Guardian Contact Information page needs to be filled out only one time. Please fill out a separate copy of pages 2 through 8 for each youth that you are enrolling.

1st Parent/Guardian

Mailing Address

City, State, Zip

Home Phone

Work Phone

Cell Phone

E-mail Address

2nd Parent/Guardian

Mailing Address

City, State, Zip

Home Phone

Work Phone

Cell Phone

E-mail Address

Please list each youth you are enrolling and check the box if you are that youth's legal guardian:

_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>



Yaghanen Program Application Page 2



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Please fill out a separate copy of the following pages for each youth you are enrolling in the Yaghanen Youth Programs.

1st Parent/Guardian: _____ Relationship: _____ 2nd Parent/Guardian: _____ Relationship: _____

Youth Information

_____, _____, _____, _____, _____
 Last Name First Name M. I. Suffix Nickname

_____, _____, _____, _____
 Mailing Address City State Zip

Gender: Male Female
 Ethnicity: Alaska Native American Indian Caucasian
 Asian/Pacific Islander Black Other/Unknown
Ethnicity is gathered only for statistical purposes and does not preclude participation in programs

_____, _____
 Date of Birth Tribal Affiliation

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	Day(s)	Time	
Aikido	Y.Y.C.	Instructor's Discretion	Monday & Thursday	6:30pm - 8:00pm	<input type="checkbox"/>
Study Hall	Y.Y.C.	All Ages	Monday - Friday	2:30pm - 4:00pm	<input type="checkbox"/>
Healthy Choices	Y.Y.C.	7th - 12th Grade	Tuesday	4:00pm - 5:00pm	<input type="checkbox"/>
Youth Council	Y.Y.C.	9th - 12th Grade	Tuesday	4:30pm - 5:30pm	<input type="checkbox"/>
Del Dumí Drum	Y.Y.C.	6th - 12th Grade	Thursday	4:00pm - 5:00pm	<input type="checkbox"/>
Jabila'ina Dance	Y.Y.C.	All Ages	Thursday	4:30pm - 5:30pm	<input type="checkbox"/>
Junior N.Y.O.	Y.Y.C.	1st - 6th Grade	Monday & Wednesday	4:00pm - 5:30pm	<input type="checkbox"/>
Senior N.Y.O.	Y.Y.C.	7th - 12th Grade	Wednesday & Friday	4:00pm - 5:30pm	<input type="checkbox"/>
Moose Camp	Spirit Lake	9th - 12th Grade	October 8 & 9, 2011		<input type="checkbox"/>
Fish Camp	Spirit Lake	6th - 8th Grade	Summer 2012	To Be Announced	<input type="checkbox"/>
Susten Camp I	Y.Y.C.	9th - 12th Grade	Summer 2012	To Be Announced	<input type="checkbox"/>
Susten Camp II	Y.Y.C.	9th - 12th Grade	Summer 2012	To Be Announced	<input type="checkbox"/>

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

Transportation

My Kenai youth will need to be picked up at his/her school and transported to the program(s) checked above.
 Kenai Central High Kenai Middle Mtn. View El. KIT Early Childhood Center

My youth will need to be transported to the designated meeting point in Kenai after each day's programs.

Soldotna/Nikiski residents will need to make travel arrangements to and from the Yaghanen Program activities.



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Emergency Contacts (Please provide alternate contact information in the event that the parent/guardian cannot be reached first)

In the event of an 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.

The following persons are also authorized to pick up my youth at the end of Yaghanen Program activities in the event that I am unable to pick them up. I understand that Kenaitze Indian Tribe staff cannot legally release my youth to anyone not listed below, and telephonic authorization is not acceptable. If my youth is to be released to anybody not listed below, I will provide a written note to Kenaitze Indian Tribe staff, and the staff will need to see a valid ID.

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

_____		_____	
1st Emergency Contact		Relationship (i.e., parent, grandparent, aunt/uncle, etc.)	
_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	
_____		_____	
2nd Emergency Contact		Relationship (i.e., parent, grandparent, aunt/uncle, etc.)	
_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	
_____		_____	
3rd Emergency Contact		Relationship (i.e., parent, grandparent, aunt/uncle, etc.)	
_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	
_____		_____	
4th Emergency Contact		Relationship (i.e., parent, grandparent, aunt/uncle, etc.)	
_____	_____	_____	_____
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 ISPs, 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. I will provide in the spaces below a list of any specific OTC medications, if any, that my youth may or may not take:

My youth may **ONLY** take the following OTC medication(s): _____

My youth **MAY NOT** take the following OTC medication(s): _____

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 to Participate:

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 understand that the Kenaitze Indian Tribe may 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, promotional, and informative 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.

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 Signature

Date

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



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

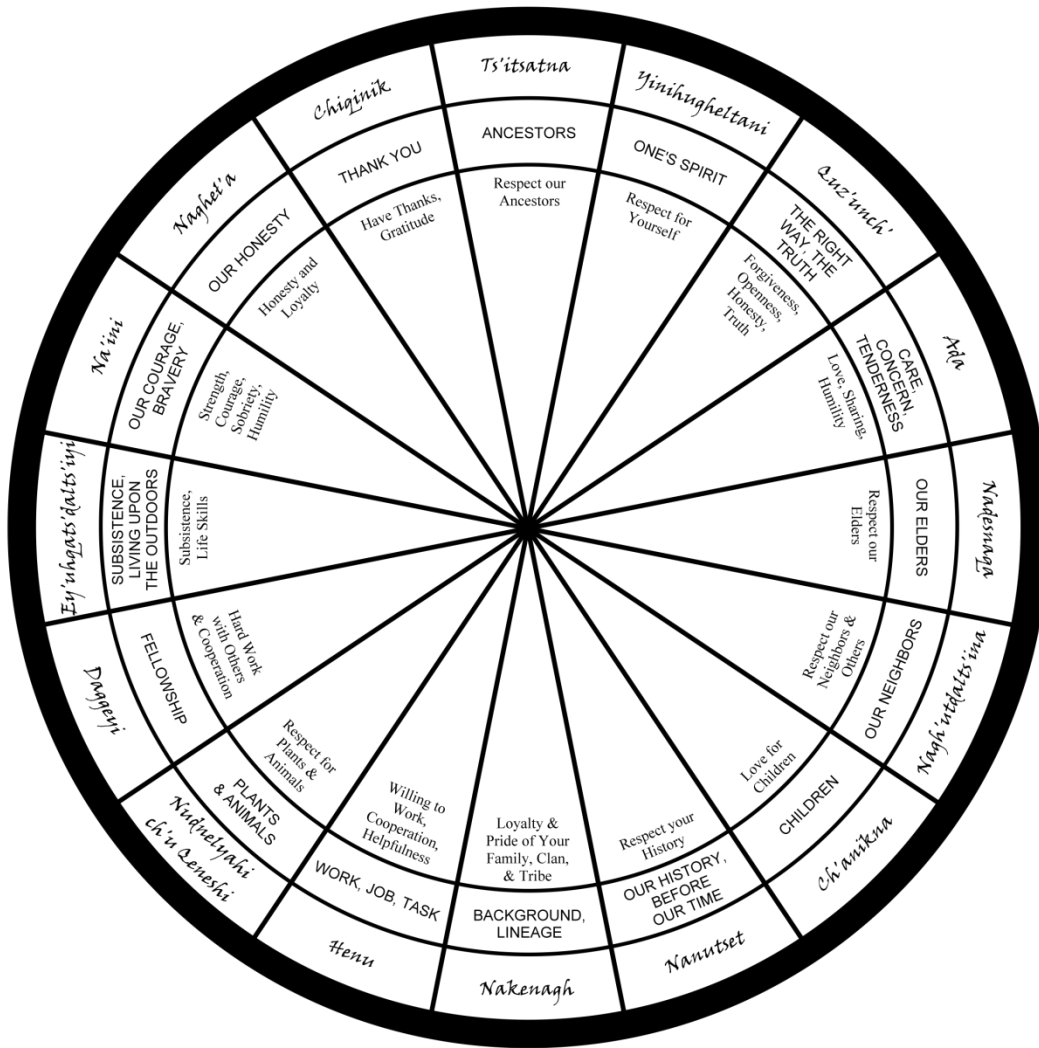


Yaghanen Youth Programs Code of Conduct

All youth participating in the Kenaitze Indian Tribe's Yaghanen Youth Programs are expected by their peers to act in a manner according to this Code of Conduct. The following qualities will be exhibited by all youth when participating in activities sponsored by the Kenaitze Indian Tribe's Yaghanen Youth Programs.

We agree to be:

1. Drug, alcohol and tobacco free.
2. Respectful of self, each other and adults.
3. Appropriate in our appearance, language, and actions.
4. Open-minded and willing to participate.



I have read and agree to abide by the above Code of Conduct and have reviewed the Traditional Values Circle.

Youth Participant Signature: _____

Parent/Guardian Witness: _____



Release of Information

I, _____, the parent and/or legal guardian of _____ do give the Kenaitze Indian Tribe permission to release and receive information pertaining to my son/daughter concerning his/her academic achievement and/or behavior/grades at school. I understand that providing this information is voluntary, but that it allows the Yaghanen Coordinator to assist in my youth's academic success. I understand that this authorizes the Yaghanen Coordinator to contact my youth's school staff and administration to verify my youth's eligibility. I understand that this information will be kept confidential and stored in a locked file.

Name of school: _____

PowerSchool username: _____

Password: _____

This release of information is good for one year from the date on this form. Any use beyond this date will be without my consent and invalid.

Parent/guardian Signature

Date

Cultural Heritage Staff

Date

