

*Kenaitze Indian Tribe*  
***Educational Services Department***

P.O. Box 988, Kenai, AK 99611, Ph. (907) 335-0669, Fax (907) 335-0989  
[education@kenaitze.org](mailto:education@kenaitze.org)    [www.kenaitze.org](http://www.kenaitze.org)

*Youth Application*

**GENERAL INFORMATION**

Last name	First	MI	SSN
Parents or Guardians Name			
Mailing address		City	State      Zip
Physical address		City	State      Zip
Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Contact Phone Number	Email
Place of Residence Kenai <input type="checkbox"/> Soldotna <input type="checkbox"/> Nikiski <input type="checkbox"/> Sterling <input type="checkbox"/> Other <input type="checkbox"/> _____		Native Corporation <i>Descendent from (parent or grandparent name):</i>	
School Name		Tribe Name	
Family status: <input type="checkbox"/> Independent individual <input type="checkbox"/> Single parent <input type="checkbox"/> Youth in two parent family <input type="checkbox"/> Other Family member, but not a parent (includes married persons with no children)			
No. of family members living with you (including yourself): _____		No. of children under 18 living with you: _____	

**EDUCATION AND EMPLOYMENT**

Check the highest grade completed	
<input type="checkbox"/> No educational grades completed <input type="checkbox"/> Completed Elementary grades _____ <input type="checkbox"/> Completed Middle School grades _____	<input type="checkbox"/> Completed High School grades ____ <input type="checkbox"/> High school graduate or equivalent (GED) <input type="checkbox"/> Competed 11 <sup>th</sup> grade or went thru the 12 <sup>th</sup> grade did not receive a diploma
Education status	
<input type="checkbox"/> Student; attending high school or less <input type="checkbox"/> Student, attending post high school	<input type="checkbox"/> Not attending high school; dropout <input type="checkbox"/> Not attending high school; high school graduate
Check your current employment status	
<input type="checkbox"/> Employed, full time <input type="checkbox"/> Not in Labor Force, not actively seeking work prior to applying for this program	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed, part time

**Educational Services Programs Interested in Participating**

- Youth and Elder Activity Club
- Summer Youth Employment Program
- After School Tutoring
- Summer Art Camp (K'tedilchilt)

Will you need transportation? Yes  or No

If so from where? Kenai  Soldotna  Nikiski  Sterling  Other  \_\_\_\_\_

In case of an Emergency who may we contact?

Name	Relationship	Phone Number	Alternative Contact Number

Name	Relationship	Phone Number	Alternative Contact Number

**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 Educational Services 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 Educational Services Youth 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 Educational Services Youth programs staff for disciplinary reasons or misconduct. I understand that I will be responsible for all costs associated with a termination including return trip expenses.

\_\_\_\_\_  
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 Educational Services Youth Programs 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 these programs.

Releasees include Kenaitze Indian Tribe Educational Services Youth Programs, 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 Educational Services 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 Release. We understand that if our child sustains any injury or loss, including death, while participating in these programs we have released all claims we and the minor might have against all Releasees for participation in these programs and/or their negligent conduct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





# KENAITZE INDIAN TRIBE

PO Box 988 or 150 N. Willow Street Kenai, AK 99611

Phone (907) 283-3633 Fax (907) 283-3052

DESCRIPTION: Kenaitze Indian Tribe Digital

Storytelling

## I GIVE THE KENAITZE INDIAN TRIBE PERMISSION

TO PHOTOGRAPH, VIDEOTAPE OR RECORD ME, AND TO USE THE PHOTOGRAPHS, VIDEOTAPE OR ELECTRONIC RECORDING IN PRINT OR ELECTRONIC PUBLICATIONS, VIDEO BROADCASTS, OR ANY SIMILAR ELECTRONIC OR MECHANICAL MEANS. I AGREE THAT THE PHOTOGRAPHS, INCLUDING NEGATIVES, SLIDES, PRINTS, DIGITAL IMAGE OR ANY OTHER PRESENTATION OF THE IMAGES, ARE THE PROPERTY OF KIT. I WAIVE ANY RIGHT I MAY HAVE TO INSPECT AND/OR IMPROVE THE FINISHED PRODUCT IN WHICH THE IMAGES MAY BE USED. BY SIGNING THIS FORM I INTEND TO RELEASE AND DISCHARGE KIT FROM ANY AND ALL CLAIMS THAT I MAY HAVE, AND AGREE TO HOLD HARMLESS AND DEFEND KIT FROM LIABILITY ARISING FROM CLAIMS OR LITIGATION FROM ITS USE OF MY IMAGE OR VOICE.

---

Printed Name - please write legibly

---

Email

---

Signature

/Date

---

Address

/Phone

---

City

State

Zip

---

Signature of Parent or Guardian in Minor

By signing this form you agree to the terms printed at the top of this form.