

# Summer Youth Camp Registration Form

## 2018 Camper Information:

Camp: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

(if different from above)

## Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_

Main Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Message Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact if Parent/Guardian cannot be reached:

Contact 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.D etc.) or

Medical Diagnosis: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Additional Information: \_\_\_\_\_

The following have my permission to pick up my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there anyone that is not able to pick up your child? Y/N

If answered yes please provide name of whom child may not be released to.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Camper Participation Agreement

I understand that in consideration for the opportunity to participate in the summer youth camps offered by the Gila River Indian Community under the Health Initiative Program is a privilege. I understand that I am representing the Gila River Indian Community and my Family at the offsite camps. As a participant I will abide to the following conditions (please initial)

I will:

\_\_\_ respect the individual rights, safety, and property of others.

\_\_\_ not use obscene and/or discriminatory language or roughhousing.

\_\_\_ not be insubordinate to chaperones, coordinators, or camp staff.

\_\_\_ abide by all rules of the program and all camp activities.

\_\_\_ fully participate in all activities at the camp to the best of my ability.

\_\_\_ not leave the camp site or approved area without permission from chaperone or guardian.

If I do not abide by the above conditions, I understand this could result in disciplinary action to include:

- Sending youth home at cost of parent/guardian.
- Barring the youth member from future Health Initiative Programs.
- Being held responsible for the cost of damages and repairs in the event of damage/destruction of property.

By signing below, I acknowledge receipt of this document and acknowledge that I have read and agree to abide by the guidelines in this document. I am aware that if I violate the agreement, the staff may, at their sole discretion, terminate my participation, and my parent/guardian will be contacted and required to provide me with transportation home at my own expense.

Youth Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent/Guardian Agreement

As the parent or guardian of the youth camper participant, I have read and understand the above camper participation agreement. I accept full responsibility for my child/ren while participating in the approved camp. In the event of a serious and/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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please turn in all applications to the CPAO Office located within the Governance Center or email to [special.events@gric.nsn.us](mailto:special.events@gric.nsn.us). If you have any questions please contact the Special Events Coordinator at 520-562-9713.

## Indian Youth of America



P.O. Box 2786  
Sioux City, IA 51106  
Phone: (712) 252-3230  
FAX: (712) 252-3712



*"They are young once but Indian forever."*

NON-PROFIT  
U.S. POSTAGE  
**PAID**  
SIOUX CITY, IA 51108  
PERMIT NO. 138



Indian Youth of America Inc.



P.O. Box 2786  
Sioux City, IA 51106

## Indian Youth of America



# SUMMER CAMPS



# INDIAN YOUTH OF AMERICA SUMMER CAMPS

## HIRING STAFF (AGES 19 & UP)

Share your talents and time with Indian youth this summer. IYA is looking for Indian staff to work at its camps in Arizona and South Dakota.

## WORK SCHEDULE

JUNE 11-22, 2018  
WHISPERING PINES CAMP  
PRESCOTT, ARIZONA  
APPLICATION DUE MAY 18, 2018

JULY 28 - AUGUST 8, 2018  
CAMP BOB MARSHALL  
CUSTER, SOUTH DAKOTA  
APPLICATION DUE JULY 2, 2018

**POSITIONS AVAILABLE:** Camp counselors, recreation and arts & crafts instructors, camp nurse, resource people knowledgeable in leadership & life skills, team building, healthy active living, the environment, nutrition, Indian culture, storytelling, Indian games, etc.

**SALARY:** \$80 per day – plus lodging and meals

**TRAVEL:** Reimbursed for gas expense to camp.

## CAMPERS WANTED (AGES 10-14)

Indian Youth of America (IYA) is celebrating 42 years of conducting camps for Indian youth. IYA's summer camps bring together Indian youth from urban and reservation communities to participate in a variety of educational, cultural and recreational activities. Since the Youth Camps began in 1976, thousands of Indian youth from 198 tribes and 34 states have enjoyed a memorable camp experience. Make plans to attend camp in Arizona or South Dakota.

## CAMP DATES, LOCATIONS & FEES

JUNE 13 - 22, 2018  
WHISPERING PINES CAMP  
PRESCOTT, ARIZONA  
COST: \$350  
APPLICATION & FEE DUE: MAY 29, 2018

JULY 30 - AUGUST 8, 2018  
CAMP BOB MARSHALL  
CUSTER, SOUTH DAKOTA  
COST: \$350  
APPLICATION & FEE DUE: JULY 16, 2018

**AGE GROUP:** Indian youth age 10 – 14 years.

**TRANSPORTATION:** Must provide own.

**CONTACT US AS SOON AS POSSIBLE** for a camp or staff application or for further information about the summer camps.

**APPLICATIONS AND FLIERS CAN BE DOWNLOADED FROM IYA'S WEBSITE:**

[www.indianyouthofamerica.org](http://www.indianyouthofamerica.org)

If you do not have access to the internet please call or write IYA at:

## INDIAN YOUTH OF AMERICA

PO BOX 2786  
SIOUX CITY, IA 51106  
PH: (712) 252-3230  
FAX: (712) 252-3712

*Make going to camp the HIGHLIGHT of your summer vacation.*



**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.

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## 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)

**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