

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. If you have any questions please contact the Special Events Coordinator at 520-562-9713.

RUNNING & FITNESS CAMP REGISTRATION FORM



CAMP DATES: _____ CAMP LOCATION: _____

PARTICIPANT'S NAME: _____

AGE: _____ GRADE (next school yr): _____ GENDER: Male Female

PARENT'S EMAIL: _____

Has your child participated in a Wings Running & Fitness Camp before? YES NO

Does your child participate in an after-school sport during the school year? YES NO

Not yet, but hopefully when they're old enough

On average, how many servings of fresh vegetables does your child eat per week?

0-3 servings 4-8 servings 9-12 servings 13+ servings I'm not sure

On average, how many servings of fresh fruit does your child eat per week?

0-3 servings 4-8 servings 9-12 servings 13+ servings I'm not sure

Which of the following do you consider barriers to **your** family's healthy eating (please check all that apply):

- I don't know how to cook/prepare healthy food Price (healthy food is too expensive)
 My kids refuse to eat healthy I know I should eat better, but choose not to
 Healthy food is hard to find where I shop I buy healthy, the other adults in my house do not

On average, how many days a week does your family engage in exercise together?

0 days 1-2 days 3-4 days 5+ days

On average, how many days a week do you make time to exercise on your own?

0 days 1-2 days 3-4 days 5+ days

Did **you** ever participate in Wings programs? YES NO

If yes, check all you were involved in: Running Camp(s) Selection Race(s) Wings National Team
Fun Run/Walks In-School or After-School Club/Team

Are there any medical conditions, or recent injuries, that might limit your child's ability to participate in a full day of running-related activities and group fitness games? YES NO If yes, please explain: _____

Will your child need to take any medications or carry an inhaler throughout the day?: YES NO

Please List Medication(s): _____

WAIVER: (MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN)

I hereby release The Earth Circle Foundation, Inc./Wings of America and all agencies and/or sponsors whose property and/or personnel are used from responsibility for any injuries and/or damages my child may suffer as a result of their participation in "Running and Fitness Camp". I hereby certify that my son or daughter is in good physical condition and is safely able to participate in this fitness-oriented event. Additionally, I permit the use of the name, voice and/or likeness of my son/daughter in broadcasts, telecasts, newspapers, brochures, etc. produced by and/or in cooperation with Wings of America and/or Running & Fitness Camp sponsors. As the parent and/or guardian of the above named child, I certify that all information in this form is true and complete. I have read the information provided and certify my compliance with my signature below.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY CONTACT NAME

PHONE NUMBER